

FILED DEC 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42557**

0920

BIRTH NO. _____ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **6047** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town or township) O'Fallon Rural		c. CITY (If outside corporate limits, write RURAL and give township) O'Fallon Rural	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Blasius c. (Last) Halter			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1956		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (None)	
8. DATE OF BIRTH July 9 1883		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	
11. BIRTHPLACE (State or foreign country) O'Fallon Mo.		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY General	

13a. FATHER'S NAME Blasius Halter		13b. MOTHER'S MAIDEN NAME Saali		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Charles Halter O'Fallon Mo. ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* From the general apperance of the place of death and the testimony of friends and neighbors, I am convinced the said John B. Halter died a natural death.				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Marion F. Huff</i> (Degree or title) Local Registrar			23b. ADDRESS Wentzville Mo		23c. DATE SIGNED 11/15/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 12 1956		24c. NAME OF CEMETERY OR CREMATORY St. Paul		24d. LOCATION (City, town, or county) (State) St. Paul Mo.	

DATE REC'D BY LOCAL REG. Dec 27 1956		REGISTRAR'S SIGNATURE <i>Marion F. Huff</i>		25. FUNERAL DIRECTOR'S SIGNATURE Earl Kautley ADDRESS O'Fallon Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

E. A. Keithly

Licensed Embalmer No. 877

P. O. Address Fallon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.