

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5457

FILED FEB 27 1957

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY OR TOWN <u>Chillicothe</u> c. LENGTH OF STAY (in this place) <u>2 mos.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> c. CITY OR TOWN <u>Chillicothe</u> <u>0592</u> d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>205 Bridge St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Os</u> b. (Middle) <u>Bell</u> c. (Last) <u>Hallenburg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 2, 1879</u>
9. AGE (In years last birthday) <u>77</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe - Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE (Dead) <u>Seward Hallenburg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Hallenburg - Chillicothe, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Embolus</u> DUE TO (c) <u>Arterial Sclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 yrs 5 yrs	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	332X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>June 1, 1950</u>, to <u>Feb 17, 1957</u>, that I last saw the deceased alive on <u>Feb 11, 1957</u>, and that death occurred at <u>2:20pm.</u>, from the causes and on the date stated above. 			
23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>Feb. 20-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 22-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>meadville cem.</u>	24d. LOCATION (City, town, or county) (State) <u>meadville mo</u>
DATE REC'D BY LOCAL REG. <u>2-22-57</u>	REGISTRAR'S SIGNATURE <u>Tranessa B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home, Chillicothe Mo.</u>	

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.....
Signature of Student Embalmer

Signed *Eaton*.....

Licensed Embalmer No. *4036*.....

P. O. Address *Chillicothe*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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