S. No. 300
v. 10.48

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19790

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6118 Registrar's No. 20

1

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sylvania Twsp.
c. LENGTH OF STAY (in this place): 59 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RED #1 ORAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Oran
d. STREET ADDRESS (If rural, give location): Sylvania Twsp. 1000

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Xavier
c. (Last): Halter

4. DATE OF DEATH (Month) (Day) (Year): May 11 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-3-1894
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Hamburg, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Anselm Halter
13b. MOTHER'S MAIDEN NAME: Mary Scherer
14. NAME OF HUSBAND OR WIFE: Ida Halter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ida Halter — ADDRESS: ORAN, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion (Found dead in barn yard. History of chest pain on exertion.) — INTERVAL BETWEEN ONSET AND DEATH: ± 15 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑ 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* First Call after death, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 5:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thelma C. Buckthorpe M.D. Health Officer.
23b. ADDRESS: Benton, Mo
23c. DATE SIGNED: 6-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 14-1957
24c. NAME OF CEMETERY OR CREMATORY: NEW GUARDIAN ANGEL
24d. LOCATION (City, town, or county) (State): ORAN Mo.

DATE REC'D BY LOCAL REG.: 6-11-57
REGISTRAR'S SIGNATURE: Mrs Frank Brazley Lopez
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J. Smith — ADDRESS: Oran Mo

(Licensed Embalmer's Statement on Reverse Side)

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

445

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

FILE No. 557-103

JUN 17 1957

JUN 14 1957

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, 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.