

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039136

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 50

Primary Registration District No. 5177

Registrar's No. 34

300
1-57

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson <i>Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Montreal 015 6
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b 3 years	d. STREET ADDRESS (If outside, give location) Rt. 1
3. NAME OF DECEASED (Type or print) First Middle Last John Ernest Halsey			4. DATE OF DEATH Month Day Year Nov. 13, 1958
5. SEX Male 6	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1894 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith-Cook		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) 64
11. BIRTHPLACE (City and state or country) Bakersfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry Halsey		13b. MOTHER'S MAIDEN NAME Mary B. Brickey	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 486-24-2317	17. INFORMANT Helen Boyer Address Camdenton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Canceroma in Kidney death</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Multiple Infections</i> DUE TO (c) <i>-</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <i>180X</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>Nov-11-58</i> to <i>Nov-13-58</i> and last saw her alive on <i>Nov-12-58</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thomas S. Wayland</i> (Degree or title)		22b. ADDRESS <i>Camdenton, Mo</i>	22c. DATE SIGNED <i>11-17-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-17-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hawkeye Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Crocker (rural), Missouri</i>
24. FUNERAL DIRECTOR <i>Hedges Funeral Homes</i> Address <i>Camdenton, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Nov. 18. 1958</i>	26. REGISTRAR'S SIGNATURE <i>Zilpha J. Traw</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Walter A. Hodge*

Licensed Embalmer No. *429*

P. O. Address *Peru, Pa.*

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.