

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023877

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 355

Primary Registration District No. 6204

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DATE - Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Roby #4</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jacks Fork at Hwy 18</u>		Length of stay in 1b <u>107 0/8</u>	d. STREET ADDRESS (If outside, give location) <u>107 0/8</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Linda</u> Middle <u>Faye</u> Last <u>Halbrook</u>			4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 12, 1946</u>
9. AGE (In years last birthday) <u>12</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>8th Grade</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fisk Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Othel R. Halbrook</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Faye Risinger</u>	14. NAME OF HUSBAND OR WIFE <u>Othel R. Halbrook Roby Missouri</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Othel R. Halbrook Roby Missouri</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>drowning. While trying to learn to swim.</u> DUE TO (b) <u>stepping in deep hole</u> DUE TO (c) <u>9298</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 mins</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>learning to swim and stepped off in deep hole.</u> <u>107</u>		
20c. TIME OF INJURY Hour <u>5-30-59</u> Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River</u>		20f. CITY, TOWN OR LOCATION <u>Jacks Fork at Hwy 17, Texas, 2100.</u>	
21. I attended the deceased <u>viewed</u> on <u>5-30-59</u> to <u>4:00 P.</u> and last saw her/him alive on <u>5-30-59</u> at <u>5-30-59</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>6-2-59</u>	
22a. SIGNATURE <u>James L. Nealy, Coroner</u>		22b. ADDRESS <u>Calool, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	23b. DATE <u>6/1/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Summersville, Missouri</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-59</u>	26. REGISTRAR'S SIGNATURE <u>Anna Roberts</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard A. Norton*

Licensed Embalmer No. *5029*
P. O. Address.....*77th St. U.S.*

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.