

t. Health,  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED VS AUG 4 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-024013

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. \_\_\_\_\_ Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Polk Twn</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Tarkio</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>18 in home 10 N W Tarkio</b>			Length of stay in lb		0036 STREET ADDRESS <b>10 Mi NW Tarkio</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Robert Earl Halliday</b>			4. DATE OF DEATH Month <b>July</b> Day <b>11</b> Year <b>1959</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept-11-1874</b>		9. AGE (In years last birthday) <b>84</b>	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, or if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
<b>Farmer &amp; Stockman</b>			<b>Gen Farming</b>		<b>Missouri</b>		<b>U S</b>	
13. FATHER'S NAME <b>Alexander W Halliday</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Reeves</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-42-3375</b>		17. INFORMANT <b>Richard Halliday Tarkio, Mo</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinomatous Perforation of the rectum</b>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? <b>154X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <b>7/1/57</b> to <b>7/11/59</b> and last saw <b>him</b> alive on <b>7/11/59</b> Death occurred at <b>9:22 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>W. A. Niedeman, M.D.</b> (Degree of title)				22b. ADDRESS <b>Tarkio Mo.</b>		22c. DATE SIGNED <b>7/13/59</b>		
23a. BURIAL, CREMATION, REMOVAL, or STRATIFY <b>Burial</b>	23b. DATE <b>July-14-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Johns</b>		23d. LOCATION (City, town, or county) <b>Westboro, Missouri</b>				
24. FUNERAL DIRECTOR <b>Scott Tucker</b> ADDRESS <b>Westboro, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>July 28, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Harwin J. Schaefer</b>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Ashley R Tucker II, Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Ashley R Tucker II  
Licensed Embalmer No. 4757

P. O. Address Westboro

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.