

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 23 1959

**59-039010**

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1140

UNRECORDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in 1b <u>40 years</u>		c. CITY OR TOWN <u>St. Joseph</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>2830 S. 22nd St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2830 S. 22nd St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
<b>3. NAME OF DECEASED</b> (Type or print) First <u>JULIUS</u> Middle <u>JOHN</u> Last <u>HALTER</u>				<b>4. DATE OF DEATH</b> Month <u>November</u> Day <u>12</u> Year <u>1959</u>												
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Dec. 5, 1879</u>	<b>9. AGE</b> (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>									
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farm</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Canton, Ohio</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>										
<b>13a. FATHER'S NAME</b> <u>Mathias Halter</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth unknown</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Georgia</u>										
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT</b> <u>Mrs. Georgia Halter, 2830 S. 22nd St. St. Joseph Mo.</u>												
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">IMMEDIATE CAUSE (a)</td> <td><u>Carcinoma of prostate</u></td> <td rowspan="3" style="width:10%; vertical-align: middle;">INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr</u></td> </tr> <tr> <td>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</td> <td></td> </tr> <tr> <td>DUE TO (b)</td> <td></td> </tr> <tr> <td>DUE TO (c)</td> <td></td> <td></td> </tr> </table>							IMMEDIATE CAUSE (a)	<u>Carcinoma of prostate</u>	INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr</u>	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		
IMMEDIATE CAUSE (a)	<u>Carcinoma of prostate</u>	INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr</u>														
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 (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)												
<b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>  </u>														
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY	STATE									
<b>21. I attended the deceased from</b> <u>Aug 10 '59</u> to <u>Nov 4 '59</u> and last saw her/him alive on <u>Nov 4 '59</u> Death occurred at <u>10:05 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																
<b>22a. SIGNATURE</b> (Degree or title) <u>Joseph P. Fisher M.D.</u>				<b>22b. ADDRESS</b> <u>824 Edmond St.</u>		<b>22c. DATE SIGNED</b> <u>11-13-59</u>										
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>		<b>23b. DATE</b> <u>11/14/1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Agency Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Agency Mo.</u>		(State)									
<b>24. FUNERAL DIRECTOR</b> <u>Hector Bauman, St. Joseph, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>Nov. 17, 1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Wm Clark Goodell</u>											

DOCUMENT

BY AFFIDAVIT OF J.L. Fisher, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

MAR 2 1960

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

*Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address 319 50th St. N

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.