

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016419

FILED VS MAY 5 1960

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Hope</u>		Length of stay in 1b <u>10 yr</u>		c. CITY OR TOWN <u>Pleasant Hope</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>Died in the Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u></u>		
3. NAME OF DECEASED (Type or print) First <u>Clay</u> Middle <u>H.</u> Last <u>Hallowell</u>				4. DATE OF DEATH Month <u>April</u> Day <u>22</u> Year <u>1960</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 23-1902-58</u>		
9. AGE (last birthday) <u></u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Pennsylvania U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James W. Hallowell</u>			13b. MOTHER'S MAIDEN NAME <u>Shirley Bare</u>			14. NAME OF HUSBAND OR WIFE <u>Perr Hallowell</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>no</u>		17. INFORMANT <u>Perr Hallowell - Pleasant Hope</u>		Address <u></u>	
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>Acute Circulatory Failure</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cirrhosis Liver; T.B. Spandulitis; Arteriosclerosis</u>					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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u></u>				
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>		
20g. COUNTY <u></u>		20h. STATE <u></u>						
21. I attended the deceased from <u>1956</u> to <u>April 22-60</u> and last saw him alive on <u>April 21-1960</u> Death occurred at <u>11:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>W. J. Quambrus D.D.</u> (Degree or title)				22b. ADDRESS <u>Bolivar Mo.</u>		22c. DATE SIGNED <u>Apr. 29. 60</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr 26-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Bethel</u>		23d. LOCATION (City, town, or county) <u>Polk Co. Mo</u>		
24. FUNERAL DIRECTOR <u>Pitts Funeral Home - Bolivar Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>4-29-1960</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon perquell</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 5 1980

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  *Sidney J. Petta*

Licensed Embalmer No. 4939

P. O. Address Bolivar 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.