

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 25 1960

-60-027766

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Osage	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp.		c. CITY OR TOWN Freeburg, Mo.	
Length of stay in 1b 3 Yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Washington Twp.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Peter Middle none Last Haller			4. DATE OF DEATH July 20, 1960. Month July Day 20 Year 1960.	
5. SEX Male	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 7/20/1902	9. AGE (last birthday) 58 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HR: Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Osage County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Louis Haller		13b. MOTHER'S MAIDEN NAME Elizabeth Ruder		14. NAME OF HUSBAND OR WIFE Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	17. INFORMANT Vincent Haller, Freeburg, Mo. Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage			unknown
DUE TO (b) Arteriosclerosis			several years
DUE TO (c) Arteriosclerosis			
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

19. WAS AUTOPSY PERFORMED? 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 4:30 a.m. PM Month, Day, Year 7-20-60		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) At the home	20f. CITY, TOWN, OR LOCATION Freeburg COUNTY Osage STATE Mo.
---	---	---

21. I attended the deceased from **4:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at **Freeburg, Mo.** and last saw him **dead** on **7-20-60**

22a. SIGNATURE <i>Clyde Norton</i> (Degree or title) Coroner	22b. ADDRESS Box 255, Linn, Mo.	22c. DATE SIGNED 7-22-60 (State)
---	--	---

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/22/60	23c. NAME OF CEMETERY OR CREMATORY Holy Family Cemetery	23d. LOCATION (City, town, or county) Freeburg, Mo.
24. FUNERAL DIRECTOR <i>W.C. Birmingham</i> ADDRESS Freeburg, Mo.	25. DATE RECD. BY LOCAL REG. 7/22/60	26. REGISTRAR'S SIGNATURE <i>Mrs. Clyde Norton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *W. B. Cunningham*

Licensed Embalmer No. 3664

P. O. Address. Clem

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.