URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-031054
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 146

NDED

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webb City
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 211 W. 2nd. Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN: Webb City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 28 So. Ball Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MALENDA Middle M. Last HALLENBERGER
4. DATE OF DEATH: Month August Day 31 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-26-1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Boaz, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Samuel Pearce
13b. MOTHER'S MAIDEN NAME: Martha Jane Smith
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Paul Taylor Address: Webb City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 6 hrs
DUE TO (c): Arteriosclerosis — unknown
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. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 August 31-60 to August 31-60 and last saw her/~~him~~ alive on August 31-60 2 pm
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title): DO
22b. ADDRESS: 624 N. Broadway, Webb City, Mo
22c. DATE SIGNED: 9-3-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-3-60
23c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
23d. LOCATION (City, town, or county) (State): Webb City, Mo
24. FUNERAL DIRECTOR ADDRESS: Hedge-Lewis Funeral Home Webb City, Mo.
25. DATE RECD. BY LOCAL REG.: 9-5-60
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Suitzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Richard Gray Lew

Signature of Student Embalmer

Licensed Embalmer No. 4403

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.