

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008032

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 22 Primary Registration District No. 5289 Registrar's No. 51

FILED MAR 29 1961

DATE AMENDED: 4/17/61  
 ITEM NO. 11: SHOULD READ: Rocheport, Mo.  
 13: Elizabeth Louise Shafer Flottmann Elizabeth Flattimann  
 BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Village of Oakview</u>		Length of stay in 1b <u>17 Years</u>	c. CITY OR TOWN <u>Village of Oakview</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>6150 Circle View Drive</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6150 Circle View Drive</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>John</u> Last <u>Halstenberg Sr.</u>			4. DATE OF DEATH Month <u>3-</u> Day <u>18-</u> Year <u>1961</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>8-2-1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seiberling Rubber Co. Rocheport, Mo.</u>	9. AGE (last birthday) <u>55</u> IF UNDER 1 YEAR: Months <u>    </u> Days <u>    </u> IF UNDER 24 HR: Hours <u>    </u> Min. <u>    </u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		11. BIRTHPLACE (City and state or country) <u>Rocheport, Mo.</u>	
13a. FATHER'S NAME <u>John H. Halstenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Louise Shafer Flottmann</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>		17. INFORMANT Address: <u>6150 Circle View Drive</u> <u>Mrs. Marie Halstenberg Village of Oakview</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 Myocardial infarction</u> DUE TO (b) <u>Coronary Atherosclerosis</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 (c) <u>Serial fubullation</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 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 <u>    </u> a.m. <u>    </u> p.m. 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.)	20f. CITY, TOWN, OR LOCATION COUNTY <u>    </u> STATE <u>    </u>
21. I attended the deceased from <u>April 1957</u> to <u>March 18, 1961</u> and last saw him alive on <u>March 14, 1961</u> Death occurred at <u>    </u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John B. Walther M.D.</u>		22b. ADDRESS <u>27 S. Wall R.C. Mo.</u>	22c. DATE SIGNED <u>3-18-61</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-21-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Gladstone, Missouri</u>
24. FUNERAL DIRECTOR <u>D. W. Newcomer's Sons N. K. C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-20-61</u>	26. REGISTRAR'S SIGNATURE <u>Marjorie Judgens</u>

MAR 29 1961

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES  
MEMPHIS, TENNESSEE

MISSISSIPPI BOARD OF EMBALMERS  
MEMPHIS, TENNESSEE

**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 John V. L. Linnick Jr.  
Licensed Embalmer No. 4898

P. O. Address K. G. 17, Mo

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.