

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014418

STATE FILE NUMBER

AMENDED FILED Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 77

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b. 1 Day	c. CITY OR TOWN Braymer
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) None
3. NAME OF DECEASED (Type or print) First Middle Last Generva Angeline Halterman			4. DATE OF DEATH Month Day Year April 16 1961
5. SEX Female	6. COLOR OR RACE Cauc <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/24/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (last birthday) 81
11. BIRTHPLACE (City and state or country) Doverville Va.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John A. Fitzwater		13b. MOTHER'S MAIDEN NAME Mary C Fitzwater	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Dawson Halterman Braymer, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Embolism</i> DUE TO (b) <i>Arteriosclerosis Chr.</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture of right humerus day before</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Fall on sidewalk</i>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>11:00 am 4-15-61</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Public sidewalk</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Braymer Caldwell Mo</i>
21. I attended the deceased from <i>4-15-61</i> to <i>4-16-61</i> and last saw her <i>alive on 4-16-61</i> Death occurred at <i>8:45</i> <i>7</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>D. McDowell, M.D.</i>		22b. ADDRESS <i>Chillicothe Mo</i>	22c. DATE SIGNED <i>4-19-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Apr. 19, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Braymer Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Mead-Pitts Braymer, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Apr 19, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Annalee Taylor</i>

MAY 2 1961

**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 W. Pille

Licensed Embalmer No. 5074

P. O. Address Bryner, 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.