MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-000113
STATE FILE NUMBER

AMENDED

Registration District No. 12 Primary Registration District No. 3003 Registrar's No. 3

FILED JAN 12 1962

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Vincent's
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Pierce City
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 1
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Christopher Middle: Alan Last: Halsey
4. DATE OF DEATH: Month: 1 Day: 2 Year: 62
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-2-62
9. AGE (last birthday)
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: 1 Min.: 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Monett, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Gary Ronald Halsey
13b. MOTHER'S MAIDEN NAME: Patricia Chalk
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gary R. Halsey Address

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): Atelectasis of Lung
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1½ hr
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 1-2-62, to 1-2-62 and last saw her/him alive on 1-2-62
Death occurred at 7:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Charles Kerr (Degree or title) M.D.
22b. ADDRESS: Monett Mo
22c. DATE SIGNED: 1/3/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-3-62
23c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
23d. LOCATION (City, town, or county) (State): Monett, Mo.
24. FUNERAL DIRECTOR ADDRESS: J. D. Buchanan, Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 1-9-62
26. REGISTRAR'S SIGNATURE: Mrs. P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monitor, 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.