

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005800

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 93

AMENDED

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau	Length of stay in 1b 3 mos.	c. CITY OR TOWN Cape Girardeau	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 S. Lorimier	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Gary Middle John Last Halvorson	4. DATE OF DEATH Month February Day 17 Year 1962
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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 11-23-1940	9. AGE (last birthday) 21	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy	10b. KIND OF BUSINESS OR INDUSTRY StoreKeeper 2nd Class	11. BIRTHPLACE (City and state or country) Roseau, Minn.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Gaylord Halvorson	13b. MOTHER'S MAIDEN NAME Rose Evans	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes At present	16. SOCIAL SECURITY NO. ?	17. INFORMANT U. S. Naval Reserve Training Center Address Cape Gir., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of skull		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Accident
20c. TIME OF INJURY Hour 1:00 a.m. 1:00 p.m.	Month, Day, Year	

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.) HiWay #61+74	20f. CITY, TOWN, OR LOCATION Cape Girardeau COUNTY Cape Gir. STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **1:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Merlin C. Kasten M.D.	22b. ADDRESS 937 Broadway Cape Girardeau	22c. DATE SIGNED 2-19-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-18-1962	23c. NAME OF CEMETERY OR CREMATORY Roseau Cemetery	23d. LOCATION (City, town, or county) (State) Roseau, Minnesota
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24. FUNERAL DIRECTOR Ford & Sons ADDRESS Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. 12-19-62	26. REGISTRAR'S SIGNATURE Merlin C. Kasten
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AMENDMENTS ON THIS RECORD, ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 7 1962

FEB 28 1962

MAY 8 1962

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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

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.