MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026308
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 325

FILED JUL 30 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: CAPE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CAPE GIRARDEAU — Length of stay in 1b: 16 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. FRANCIS HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: CHAFFEE — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD #1 - 2mi - EAST OF TOWN — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle KATHERINE Last HALTER
4. DATE OF DEATH: Month JULY Day 17 Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-14-1879
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months 11 Days 3 — 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): KELSO, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN WELTER
13b. MOTHER'S MAIDEN NAME: (?) DANNENMUELLER
14. NAME OF HUSBAND OR WIFE: PHILLIP L. HALTER
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.: NONE
17. INFORMANT: LEE M. HALTER — Address: CHAFFEE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): 1. Dehydration. 2. Senile arteriosclerotic changes.
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): 1. Carcinoma, left forearm removed. 2. Dehydration with nausea & vomiting. 3. Possible metastasis spread of original lesion.
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 6-30-62, to 7-17-62 and last saw her/him alive on 7-16-62
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MO
22b. ADDRESS: 230 N. Sprigg, Cape Girardeau, Mo.
22c. DATE SIGNED: 7-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7-19-1962
23c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEMETERY
23d. LOCATION (City, town, or county) (State): CHAFFEE, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.
25. DATE RECD. BY LOCAL REG.: 7-28-1962
26. REGISTRAR'S SIGNATURE: [signature] Kasten

(Licensed Embalmer's Statement on Reverse Side)

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.