

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9860**  
**1328**

FILED MAR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>48 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>417 East Gregory Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>417 East Gregory Blvd.</b>			

3. NAME OF DECEASED a. (First) <b>Dagmar</b> b. (Middle) <b>Louise</b> c. (Last) <b>Halbeck</b>			4. DATE OF DEATH (Month) <b>March</b> (Day) <b>3</b> (Year) <b>1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	8. DATE OF BIRTH <b>February 4 1891</b>	9. AGE (in years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Bonner Springs, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Olof G Nordberg</b>	13b. MOTHER'S MAIDEN NAME <b>Johnna Mortenson</b>	14. NAME OF HUSBAND OR WIFE <b>August H. Halbeck</b>
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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) <b>No NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mr. Gus H. Halbeck 417 East Gregory Blvd. Kansas City, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>  <b>years</b>  <b>33 1/2</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension and diabetes</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-24-53, to 3-3-53, 1953, that I last saw the deceased alive on 3-1-53, 1953, and that death occurred at 4:15A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ray F. Drake MD</b> (Degree or title)	23b. ADDRESS <b>2414 Telephone Building</b>	23c. DATE SIGNED <b>3-4-53</b>
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24a. BURIAL CREMATORY, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-5-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>mt. Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-5-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>DW Neuhaus 1381 E. 21st St. Kansas City, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed

*Basil V. Honey*

Licensed Embalmer No. *4724*

P. O. Address *Ashland, Me.*

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 this body is not embalmed, fact should be so stated above.