

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19896**

FILED JUN 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 38

1. PLACE OF DEATH  
a. COUNTY Chariton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY Chariton

b. CITY (If outside corporate limits, write RURAL and give township)  
Rural-Keytesville Twp.

c. CITY OR TOWN Keytesville

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Chariton County Rest Home

e. STREET ADDRESS (If rural, give location)  
720, Depot Rd.

3. NAME OF DECEASED  
a. (First) Robert b. (Middle) Joseph c. (Last) Halley

4. DATE OF DEATH (Month) (Day) (Year)  
June 12th, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Never Married

8. DATE OF BIRTH June 4th, 1872

9. AGE (In years) (last birthday) 84  
if UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
if UNDER 4 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY  
Grocery

11. BIRTHPLACE (City and State or Foreign Country) Keytesville, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
Robert P. Halley

13b. MOTHER'S MAIDEN NAME  
Sarah Heryford

14. NAME OF HUSBAND OR WIFE  
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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)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Anna Bunton Keytesville, Mo.

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage (apoplexy)  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
12 1/2 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
331X

20. AUTOPSY?  
YES  NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to June 12, 1956, that I last saw the deceased alive on June 12, 1956, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Carl A. Heiser M.D.

23b. ADDRESS  
Keytesville, Mo.

23c. DATE SIGNED  
6/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
June 14, 1956

24c. NAME OF CEMETERY OR CREMATORY  
City Cemetery

24d. LOCATION (City, town, or county) (State)  
Keytesville, Mo.

DATE REC'D BY LOCAL REG.  
6/14/56

REGISTRAR'S SIGNATURE  
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
[Signature] Keytesville, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 20 1956

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..... *H. D. Gamm*.....

Licensed Embalmer No.... 30

P. O. Address..... *Keyhole*

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.