

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-031700**

FILED VS SEP 13 1960

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 112

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Ray</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b>		Length of stay in 1b <b>4 months</b>		c. CITY OR TOWN <b>Richmond</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Taylor Rest Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>159 Grandview</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Albert</b> Last <b>Hallengren</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>9,</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-23-1878</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>16</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Masseur</b>			10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (City and state or country) <b>Smolan, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Albert Hallengren</b>			13b. MOTHER'S MAIDEN NAME <b>Louisa Lundgren</b>			14. NAME OF HUSBAND OR WIFE <b>Nora M. Yates</b>			
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. <b>621-10-9634a</b>		17. INFORMANT Address <b>Mrs. I.E. McCanless, Richmond, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <b>March 1959</b> to <b>Sept. 1960</b> and last saw <sup>her</sup> <sub>him</sub> <b>live on July 27, 1960</b> Death occurred at <b>12</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Thomas B. Coyle M.D.</b>				22b. ADDRESS <b>Richmond Mo</b>			22c. DATE SIGNED <b>9/17/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-11-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Clay County, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Thomas J. Carter, Richmond, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-11-1960</b>		26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 11474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.