

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023305

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 697

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>		c. CITY OR TOWN <b>Maysville,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Meth. Hosp. &amp; Med. Center</b>		d. STREET ADDRESS (If outside, give location) <b>Rural</b>	
3. NAME OF DECEASED (Type or print) First <b>LAWRENCE</b> Middle <b>HAROLD</b> Last <b>HALTER</b>		4. DATE OF DEATH Month <b>June</b> Day <b>6,</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 10, 1916</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Maysville, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>John M. Halter</b>	
13b. MOTHER'S MAIDEN NAME <b>Flora Pearl</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Halter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Mrs. Viola Halter-Maysville, Missouri</b>	
17. INFORMANT <b>Mrs. Viola Halter-Maysville, Missouri</b>		17. INFORMANT Address	
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>Acute pulmonary failure</b> DUE TO (b) <b>Chronic pulmonary edema</b> DUE TO (c) <b>Massive anasarca</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b> <b>1 mo.</b>
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 checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
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>6/6/63</b> to <b>6/6/63</b> and last saw her alive on <b>6/6/63</b> Death occurred at <b>1:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. J. Carpenter, M.D.</i>		22b. ADDRESS <b>902 Edmund</b>	22c. DATE SIGNED <b>6/7/63</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 7, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bram Funeral Home</b>
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>		23d. LOCATION (City, town, or county) <b>Maysville, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>June 11, 1963</b>
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>			

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **G. J. CARPENTER, M.D.** MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

AUG 8 1963

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**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 Raymond H. Hooy

Licensed Embalmer No. 5147

P. O. Address St Joseph

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.