

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35674

State File No.

FILED OCT 18 1955

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6136 Registrar's No. 332

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| 1. PLACE OF DEATH a. COUNTY <u>Shannon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Spring Valley Twp.</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Rural</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | STREET ADDRESS (If rural, give location) <u>5 miles SE Summersville</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Robert</u> | b. (Middle) <u>Wesley</u> | c. (Last) <u>Halbrook</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1955</u> |
|-------------------------------------|--------------------------|---------------------------|---------------------------|--|

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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>Dec. 21, 1875</u> | 9. AGE (In years last birthday) <u>79</u> | 10. UNDER 1 YEAR Months <u>7</u> Days <u>27</u> | 11. UNDER 2 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas, Texas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>Tom Halbrook</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | 17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Shelton, Summersville, Mo.</u> | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>he died sitting in his car before his home, presumably heart trouble</u> | | |
| | 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. | | <u>434.3</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Name or title) <u>Maude Green</u> | 23b. ADDRESS <u>Winona, Missouri</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | 24b. DATE <u>Aug. 25, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City</u> | 24d. LOCATION (City, town, or county) (State) <u>Summersville, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct 17 1955</u> | REGISTRAR'S SIGNATURE <u>Maude Green</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u> | ADDRESS <u>Mt. View, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.