STATE FILE NUMBER

124

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH 70 000537				
DO NOT WRITE				
ON THIS STUB	VS 300	DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH,	DAY, YEAR 1	
9.	Rev. 1/70	Richard Phillip Haldiman , male , Jan. 18	1- 1970	
10a. 4/7	4.0147	RACE WHITE, NEGRO, AMERICAN INDIAN, AGE—LAST UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, COUNTY OF DEA'		
10b.	5. 90	4. White 50 117 58 50. 6 March 27, 1922 70, Callaw CITY, TOWN, OR LOCATION OF DEATH MADE CITY SMITS HOSPITAL OR OTHER INSTITUTION—NAME CIT NOT IN EITHER, CITYE STREET AND N	UMBET 1	
11.	DECEASED	75 Fulton , Wissouri 65251		
12. (3	DECEASED	STATE OF BIRTH LIF NOT IN U.S.A., NAME CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, SURVIVING SPOUSE LIF WIFE, GIVE MAIDEN N	TAME 1	
12.	USUAL RESIDENCE WHERE DECEASED	I. Missouri . , U.S.A. 10. Divorced 11. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK BOOM DURING WAS OF TKIND OF BUSINESS OF INDUSTRY		
13. 485X	LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE	WORKING LIFE, EVEN IF RETIRED)		
14.	RESIDENCE BEFORE ADMISSION.	17. 17. 17. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	oducts	
15.	66260	Missouri Letterson City 1963 10 304 Cherry	Street	
16.	PARENTS	FATHER-NAME PIRST MIDDLE LAST MOTHER-MAIDEN NAME FIRST MIDDLE	LAST	
17.		Bhillip Geiger Haldiman Elizabeth Smith		
		INFORMANT-NAME MAILING ADDRESS (STREET OF R.F.D. NO., CITY OF TOWN, STATE, ZIP)		
18.		PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (0), (b), AND (c)]	APPROXIMATE INTERVAL	
19. CREDITS		IN. IMMEDIATE CAUSE	SETWEEN ONSET AND DEATH	
20.3 -0		(0) BRONCHO PNEUMONIA, massive, bilateral		
		COMDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE TO), DUE TO, OR AS A CONSIDUENCE OF:		
	CAUSE	STATING THE UNDER: DUE TO, OR AS A CONSCOUENCE OF: LYING CAUSE LAST (c)		
			YES WERE FINDINGS CON- DERED IN DETERMINING CAUSE DEATH	
		- ruimonary luberculosis Dilateral In. 491 In	nes	
ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY LMONTH, DAY, YEAR HOUR HOW INJURY OCCURRED LEMTER NATURE OF IN 200. 200. 200. 200. 200. 200. 200. 200			T 1 OR PORT 11, ITEM 18 1	
		IN HIRY AT WORK I PLACE OF IN HIRY AT HOME CARM STORET I OCATION (STORET OF BEING AND CITY OF TAWN STATE)	ECEASED WAS FEMALE	
Type or print in PERMANENT BLACK INK. ee handbook for instructions	•	(SPECIFY YES OR NO) FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20. 20.	THERE A PREGNANCY AST 90 DAYS	
ع کا			RRED AT THE PLACE ON THE	
nt in LA		CERTIFICATION I TO PHOSPICATE MONTH DAY YEAR AND LAST SAW HIM/MET ALIVE ON I DID/OWNED VIEW THE DEATH OCCUL HOURS IN TH	DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE 7 M. TO THE CAUSEIST STATED,	
1 g T g 1		CERTIFICATION — MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE HOUR OF DEATH THE DECEMBENT WAS PRONOUNCED DEAD MONTH DAY TEAR EXAMINATION OF THE BODY AND/OF THE INVESTIGATION, IN MY OPINION,	HOUR	
EN S	CERTIFIER	DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 70. M. 775.	M.	
AAN de l	i	CERTIFIER-NAME (TYPE OR PRINT) 230. EDWARD R. TELLEZ 14) SIGNATURE QUE OR MINITURE OR MIN	GNED EMONTH, DAY, YEARS	
ER,		MAILING ADDRESS - CERTIFIER - STEEL OR ST.O. NO. CITY OF TOWN	C5"251	
See	ĺ	BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN	STATE	
		Burial-Removal Thirted Church of Christist, o. California, Mo		
	BURIAL	M. Jan. 20: 1970 236. Williams Funeral Home California Registrar-signature	-	
		FUNERAL DIRECTOR—SIGNAPORE REGISTRAR—SIGNATURE	L REGISTRAR	

OTEL ES NAU

NOL 8 8 NW

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalmed by me,
or by_		, Student Embalmer No
workin	g under my personal supervision.	11 11
Studen	Signature of Student Embalmer	Signed Way and Washed
	•••••	Licensed Embalmer No. 5172

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.