

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35558**

Registration District No. **57**

Primary Registration District No. **5769**

Registrar's No. **56**

1. PLACE OF DEATH

(a) County **Moniteau Co.**  
(b) City or town **Rural Walker**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Centertown, Mo. R.F.D. #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **35 Yrs**  
In this community **35 Yrs**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Christian Haldiman**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec. 9 1864**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **10** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **John Haldiman**

13. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **A. E. Haldiman**

(b) Address **Centertown, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 26. 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem Cemt.**

18. (a) Signature of funeral director. **Bowlin Funeral Home**

(b) Address **California, Mo.**

19. (a) **10-25-41** (b) **H.R. Pappas**  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Centertown, Mo. R.F.D. #2**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24**  
year **1941** hour **3** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **October 1**  
19 **40** to **Oct. 24** 19 **41**  
that I last saw him alive on **October 24** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**  
Due to **valvular deficiency** 15 yrs.  
**old age and stroke** 1 hour  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **No.**

23. Signature **J. T. Gillie** (M.D. or other) **D.O.**  
Address **Centertown** Date signed **10/25/41**

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl R. Bonheim  
Licensed Embalmer No. 2126  
P. O. Address California, Mo

**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 this body is not embalmed, fact should be so stated above.**