

3. No. 2
4-13-40
5-17-39
9-1 X27

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7526

MAR 19 1941

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 21

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Macon*

(a) County *Macon*

(b) City or town *Macon*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Macon*

(c) City or town *Macon* *3*
(If outside city or town limits, write "RURAL") *2*

(d) Street No. _____
(If rural, give location) *0*

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME *Demalvel M. Halliburton*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *male*

5. Color or race *w*

6. (a) Single, widowed, married, divorced *married*

6. (b) Name of husband or wife *Medie S. Halliburton*

6. (c) Age of husband or wife if alive *63* years

7. Birth date of deceased *June 21-1855*
(Month) (Day) (Year)

8. AGE: Years *85* Months *7* Days *23*
If less than one day hr. _____ min. _____

9. Birthplace *Randolph Co. Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Retired*

11. Industry or business _____

12. Name *David Halliburton*

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

14. Maiden name *Sadie Ann Edwards*

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

16. (a) Informant *Anna Silstrap*

(b) Address *Shelbina Mo.*

17. (a) *Burial* (b) Date thereof *2-16-41*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Oakwood Cem.*

18. (a) Signature of funeral director *Stephen Gooding*

(b) Address *Macon Mo.*

19. (a) *3/5/41* (b) *Seena Heston*
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb.* day *14* -
year *1941* hour *11:55* minute *P.* M.

21. I hereby certify that I attended the deceased from *Feb 14* 19*41*, to *Feb 14* 19*41*;
that I last saw h. *IM* alive on *Feb 14* 19*41*;
and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary occlusion?*

Due to *Coronary thrombosis?*

Due to _____

Other conditions (Include pregnancy within 3 months of death) *HTN*

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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?
476 (Specify type of place) _____
While at work (e) Means of injury _____

23. Signature *H. H. Hunsinger* (M. D. or other) *MD*
Address *708 1/2 Vine St Macon Mo* Date signed *Feb 23, 41*

RECEIVED

District Health Officer No. 10

District File Number 3-41-519

Date Filed MAR 10 1941

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.....

C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.