

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17463

FILED JUN 13 1945

State File No. _____

Registration District No. 200

Primary Registration District No. 5-727

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: 1 sup
(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 Missouri (b) County Macon

(c) City or town Excello 61
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) no
If yes, name country _____

3. (a) PRINT FULL NAME Catherine H Halliburton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Mule

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 27 - 1855 -
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Shelby Co Mo A
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name John A Peyton

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

14. Maiden name Rebecca G Spalding

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

16. (a) Informant Mrs Geo Griffiths

(b) Address Excello Mo

17. (a) burial (b) Date thereof May 19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem - Randolph Co

18. (a) Signature of funeral director Robert Skaggs

(b) Address Macon Mo

19. (a) 6/5/45 (b) J. B. Hunter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 17 day
year 1945 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from 1942 to May 15, 1945
that I last saw her alive on May 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Branches - pneumonia Duration 3 days

Due to Arterio-sclerosis 5 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN 107
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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 2

23. Signature C. A. Grayson (M. D. or other) _____
Address Jacksonville Mo Date signed May 20, 1945

RECEIVED

District Health Officer No. 10

District File Number 6-45-987

Date Filed JUN 12 1945

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 *Albert Skinner*.....

Licensed Embalmer No. *75-1*.....

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.