

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9160

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5729		Registrar's No. 31			
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ten Mile</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ten Mile</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #1 Anabel</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #1 Anabel</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>IDA</u>		b. (Middle) <u>ALICE</u>		c. (Last) <u>HALLIBURTON</u>			
4. DATE OF DEATH		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			
Mar-9-1949		66		-		Thomas Hill, Mo.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
U.S.A.		George Epperly		Frances Grison		Harris Mae Halliburton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
No		None		Mrs. Mildred Brown Anabel MO RFD #1					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</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.				INTERVAL BETWEEN ONSET AND DEATH <u>About 5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
				21f. HOW DID INJURY OCCUR? <u>211X</u>					
22. I hereby certify that I attended the deceased from <u>June 6, 1948</u> to <u>Mar 8, 1949</u> , that I last saw the deceased alive on <u>Mar 8, 1949</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>D. L. Harlan MD</u> (Degree or title)				23b. ADDRESS <u>Clarence mo</u>		23c. DATE SIGNED <u>10 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Rural</u>		<u>Mar-11-49</u>		<u>Union Cemetery</u>		<u>RFD, Child MO.</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
<u>3-11-49</u>		<u>Ruth Mcneely</u>		<u>185 Snow Funeral Home Anabel MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1949

RECEIVED

District Health Officer No.

District File Number 349

Date Filed MAR 16 1949

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.

Signed R. M. Cater

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moherly 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.