

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11352

114
6

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4552 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Texas 107	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn Grove, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn Grove, Missouri 2	
c. LENGTH OF STAY (in this place) 4yrs		d. STREET ADDRESS (If rural, give location) 14 miles North of Mtn Grove	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION East South Street 1			

3. NAME OF DECEASED (Type or Print) Minnie	a. (First)	b. (Middle)	c. (Last) Halliburton	4. DATE OF DEATH March 18 1949	(Month) (Day) (Year)
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 14, 1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 6	IF UNDER 12 HRS. Days 4	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) South Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Barthlow	13b. MOTHER'S MAIDEN NAME Annie Hickman	14. NAME OF HUSBAND OR WIFE Marion Halliburton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Marion Halliburton	ADDRESS Mtn Grove Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died of Cancer of the Breast without		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) medical attendance		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A.B. Ames, M.A. Local Registrar	(Degree or title)	23b. ADDRESS Mountain Grove, Mo.	23c. DATE SIGNED 3-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 20 49	24c. NAME OF CEMETERY OR CREMATORY Stubbs Cemetery	24d. LOCATION (City, town, or county) (State) Mtn Grove Missouri
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DATE REC'D BY LOCAL REG. 3-18-49	REGISTRAR'S SIGNATURE a.B. Ames	348	25. FUNERAL DIRECTOR'S SIGNATURE Russell Barber, Mtn Grove	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1949

RECEIVED
District Health Officer No. 6,
District File Number 449-334
Date Filed 4-4-49

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..... *Russell Barber*

Signed.....
Student Embalmer

Licensed Embalmer No. *3848*

P. O. Address *Mtn. Grove, 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.