

No. 300
10. 48

FILED NOV 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 34094

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

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston, (Rural)	
c. LENGTH OF STAY (in this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) Route 2 Box 19	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 Box 19		e. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 Box 19	
3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) (Jesse) c. (Last) Halliburton		4. DATE OF DEATH (Month) (Day) (Year) October 19 1955	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED,* WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 2, 1893
9. AGE (In years last birthday) 62		10. MONTHS 8	11. DAYS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Ripley, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Beulah Halliburton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thelma Cleaves, R.2, Charleston, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. B31x	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from October 19, 1955 , to Oct 19, 1955 , that I last saw the deceased alive on Oct 19, 1955 , and that death occurred at 8:30 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Charleston, Mo	
23c. DATE SIGNED 10/19/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 23, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Charleston, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. D. Speaks Charleston, Missouri	
DATE REC'D BY LOCAL REG. 10/31/55		REGISTRAR'S SIGNATURE Jean Heane	

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 REC
RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed NOV 7 193

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.

Student
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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.