

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24707  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>6009</u>		Registrar's No. <u>193</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salt River</u>		c. LENGTH OF STAY (in this place) <u>3 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salt River</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Jacksonville</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. Jacksonville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Halliburton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1956</u>				
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 <u>Apr. 2, 1862</u>		9. AGE (In years last birthday) <u>94</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James M. Greed</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Doc</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Huttoin</u>				ADDRESS <u>Macon Mo.</u>	
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						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemic Pneumonia</u>	ANTECEDENT CAUSES						<u>7 hrs.</u>
DUE TO (b) <u>Cerebral hemorrhage</u>	DUE TO (c) <u>Arteriosclerosis</u>						<u>10 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>Unknown</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						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?			
22. I hereby certify that I attended the deceased from <u>7-6</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on <u>7-6</u> , 19 <u>56</u> , and that death occurred at <u>3:10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. O. Kelley D.O.</u>				23b. ADDRESS <u>Moberly Mo.</u>		23c. DATE SIGNED <u>7-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jacksonville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-8-56</u>		REGISTRAR'S SIGNATURE <u>Leah Louise</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lester Huttoin Macon Mo.</u>			

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

267

**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 \_\_\_\_\_

*R.M. Carter*

Licensed Embalmer No. 4117

P. O. Address Waverly 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.