

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40420**

BIRTH NO. _____		REG. DIST. NO. <b>378</b>		PRIMARY REG. DIST. NO. <b>4552</b>		Registrar's No. <b>39</b>		
1. PLACE OF DEATH a. COUNTY <b>Wright</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mountain Grove</b>		c. LENGTH OF STAY (In this place) <b>9 mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mountain Grove</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Avalon Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>312 North Maple Avenue</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marion</b> b. (Middle) <b>H.</b> c. (Last) <b>Halliburton</b>			4. DATE OF DEATH <b>November 11, 1956</b> (Month) (Day) (Year)					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 11, 1879</b>		
9. AGE (In years last birthday) <b>77</b>		10. MONTHS <b>2</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Douglas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Douglas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Wilson Halliburton</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Ann Mason</b>			14. NAME OF HUSBAND OR WIFE <b>Minnie Mae Halliburton</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Guy Halliburton</b> ADDRESS <b>Mountain Grove, Missouri</b>				
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) <b>Arteriosclerosis</b>  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	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <b>11-2-1956</b> , to <b>11-11-1956</b> , that I last saw the deceased alive on <b>11-11-1956</b> , and that death occurred at <b>2:30 P.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>[Signature]</b>			23b. ADDRESS <b>[Address]</b>			23c. DATE SIGNED <b>11-12-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/13/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stubbs Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mountain Grove, Missouri.</b>		
DATE REC'D BY LOCAL REG. <b>11-15-56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS				

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

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JULY 26 1953

RECEIVED 11-20-52  
WRIGHT CO. HEALTH DEPT.  
County File Number 1156-108  
Date Filed 11-24-52

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 George Stapf  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3461

P. O. Address Wm. Jones, Me

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.