

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22182

FILED JUN 26 1957

STATE FILE NUMBER 218742
Registrar's No. 3056

Registration District No. 294 Primary Registration District No. 3056

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>McCormick Hosp</i> Length of stay in 1b <i>5 days</i>		d. STREET ADDRESS (If outside, give location) <i>210 N. Buchanan</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>CLINTON E HALLIBURTON</i> First Middle Last		4. DATE OF DEATH <i>June 18 - 1957</i> Month Day Year	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 29 - 1876</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer Retired</i>		9b. AGE (in years last birthday) <i>81</i> IF UNDER 1 YEAR: Months Days Hours Min.	10. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <i>Sherrill Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mrs. Jess Ruliff Mott</i> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Circulatory Failure</i> DUE TO (b) <i>Decompensated Hypertensive Heart Disease</i> DUE TO (c) <i>Arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>months</i> <i>years</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>6-14-57</i> to <i>6-18-57</i> and last saw ^{her} _{him} alive on <i>6-18-57</i> Death occurred at <i>8:31 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. H. McCormick D.O.</i>		22b. ADDRESS <i>300 1/2 Reed St. Moberly Mo.</i>	22c. DATE SIGNED <i>6-18-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>June 20, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly, Missouri</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>6-18-57</i>	26. REGISTRAR'S SIGNATURE <i>Leah W. Jones</i>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Signature of Student Embalmer

Signed *Jerry R. Carter*.....

Licensed Embalmer No. *490*

P. O. Address *Moberly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above: