Health, Welfare Public Service

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FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005589
STATE FILE NUMBER 785

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5027 Agnes Avenue — Length of stay in 1b: 40 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5027 Agnes Avenue — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: E Last: HALLIBURTON

4. DATE OF DEATH Month Day Year: February 8 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: March 16, 1879

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist-City Greenhouse

10b. KIND OF BUSINESS OR INDUSTRY: SWOPE PARK

11. BIRTHPLACE (City and state or country): Gatewood, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Martin Halliburton

13b. MOTHER'S MAIDEN NAME: Lucinda Davis

14. NAME OF HUSBAND OR WIFE: Minnie O. Halliburton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 487-10-2372

17. INFORMANT: Minnie O. Halliburton, Address: KANSAS CITY, MO. 5027 Agnes

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Emphysema - Advanced
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis
5171

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 9-26-55, to 2-8-59 and last saw her/him alive on 2-7-59. Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.
22b. ADDRESS: 411 Nichols Road, K. C. Mo.
22c. DATE SIGNED: 2-9-59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: FEB. 11, 1959
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D.W.Newcomer's Sons, K.C., Missouri — ADDRESS: 1331 Brush Creek
25. DATE RECD. BY LOCAL REG.: 2-11-59
26. REGISTRAR'S SIGNATURE: Olva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.
John H. Wheeler

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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 .....

Licensed Embalmer No. 4421

P. O. Address Kansas City.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.