

**STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 5 1959 **78**

Primary Registration District No. **6285**

Registrar's No. **27**

**59-027963**  
STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN <b>Mountain Grove</b>		Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>Mountain Grove</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural Route #3</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rural Route #3</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Guy</b> Middle <b>Lester</b> Last <b>Halliburton</b>				4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1959</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/31/1901</b>		9. AGE (last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>		11. BIRTHPLACE (City and state or country) <b>Mtn. Grove, Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Marion H. Halliburton</b>			13b. MOTHER'S MAIDEN NAME <b>Maymie Blacksher</b>			14. NAME OF HUSBAND OR WIFE <b>Maymie Halliburton</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs Maymie Halliburton - Mtn. Grove, Mo</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>										<b>2 days</b>			
Conditions, if any, which gave rise to above cause (if stating the underlying cause last): DUE TO (b) <b>Cerebral Embolism</b>										<b>18 days</b>			
DUE TO (c) <b>Hypertensive Heart Disease</b>										<b>5 years</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 <b>Sept. 29, 1954</b> to <b>July 14, 1959</b> and last saw her/him alive on <b>July 14, 1959</b> Death occurred at <b>11:55 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>W. A. Craig D.O.</b> (Degree or title)				22b. ADDRESS <b>Mountain Grove, Missouri</b>				22c. DATE SIGNED <b>7/21/59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 19, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery</b>			23d. LOCATION (City, town, or county) <b>Mountain Grove, Missouri</b>			(State)			
24. FUNERAL DIRECTOR <b>Batber Funeral Home</b> ADDRESS: <b>Mtn. Grove, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>7-26-1959</b>		26. REGISTRAR'S SIGNATURE <b>Bernice L. Silberman</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George Stepp

Licensed Embalmer No. 3161

P. O. Address W. H. Henry, Jr.

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.