SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-51-042027

STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 275

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in Ib 61 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whittaker Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 421 Epperson — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle REYNOLDS Last HALLIBURTON

4. DATE OF DEATH Month November Day 24 Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-29-85
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Jacksonville Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Hilland Halliburton
13b. MOTHER'S MAIDEN NAME Minnie Price Reynolds
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT Lloyd Halliburton Address Moberly Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sepsis caused by Bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Prolonged Recumbency

DUE TO (c) Rheumatoid arthritis and Congenital Spastic Paraplegia

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1949 to 11/24/61 and last saw the deceased alive on 11/24/61

Death occurred at 2:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. Meals D.O. (Degree or title)
22b. ADDRESS 205 S. 5th. St. Moberly, Mo.
22c. DATE SIGNED 11/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov.-26-1961
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
23d. LOCATION (City, town, or county) (State) Moberly Missouri

24. FUNERAL DIRECTOR Cater Funeral Home ADDRESS Moberly Mo.
25. DATE REC'D BY LOCAL REG. 11/26/61
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

VS DEC 12 1961

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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