

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37231

State File No.

8980

FILED OCT 27 1953

BIRTH NO.

REG. DIST. NO.

818

PRIMARY REG. DIST. NO.

1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. CITY OR TOWN St Louis		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 3 Days		e. STREET ADDRESS (If rural, give location) 321 N. Harrison							
3. NAME OF DECEASED (Type or Print) Eleanor			a. (First) J.		b. (Middle) Halyburton		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 9 15 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov. 15-1864		9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months Day 10 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Paul Brown Brok.		11. BIRTHPLACE (City and State or Foreign Country) Moscow Texas.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME John T. Poe			13b. MOTHER'S MAIDEN NAME Caroline Wright			14. NAME OF HUSBAND OR WIFE Peyton G. Halyburton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. 496-18-9863		17. INFORMANT'S SIGNATURE OR NAME Mrs Hollis E. Suits			ADDRESS Kirkwood, Mo.			
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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mesenteric Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 420.1							
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 3-15-48, 19___, to 9-15-53, 19___, that I last saw the deceased alive on 9-15, 1953, and that death occurred at 5:10 AM., from the causes and on the date stated above.											
23a. SIGNATURE David M. Skilling, Jr.				(Degree or title) M. D.		23b. ADDRESS 18 S. Kingshighway			23c. DATE SIGNED 9/16/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 9-17-1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St Louis Co, Mo.					
DATE REC'D BY LOCAL SEP 17 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.		ADDRESS Kirkwood, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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 *J. Allen Davis*.....
Licensed Embalmer No. *405*.....
P. O. Address *St. Louis*.....

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.