

1939 MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14200  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Boone Registration District No. 73  
 (b) Township Columbia Primary Registration District No. 3096 Registered No. 86  
 (c) City Columbia (d) Street No. Boone County Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Elizabeth Houf  
 (a) Residence, No. 100 St. □ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Houf  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1869  
 7. AGE YEARS 69 MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksburg  
 13. NAME Ralph P. Seath  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 15. MAIDEN NAME Sarah W. Eccles  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 17. INFORMANT (ADDRESS) William Houf  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rickland Baptist Apr. 18, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. S. Wallace  
Hutton, Mo.  
 20. FILED 4/17/ 19 39 Alvie Selby  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1939  
 22. I HEREBY CERTIFY, That I attended deceased from March 6 1939 April 16 1939  
 I last saw her alive on April 15 1939 Death is said to have occurred on the date stated above, at 3:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Intestinal ob struction partial Date of onset 3/30/39  
 Other contributory causes of importance:  
Arteriosclerosis hypertension 4/1/39  
acute patitis 4/1/39  
(bilateral)  
 Name of operation Date of  
 What test confirmed diagnosis? Expt Was there an autopsy? NO  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury  
 Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify (Signed) E. S. Bestfort M. D.  
 (Address) Columbia Mo

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

1/22/62

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Harold J. Christey*

Licensed Embalmer No. *4006*

P. O. Address *Dutton, 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 this body is not embalmed, above space should be left blank.**

Missouri State Board of Health  
Division of Health Services  
St. Louis, Missouri

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14200  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
(b) Township ..... Primary Registration District No. 3006  
(c) City Columbia (d) Street No. .... Registered No. 86  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Elizabeth Houf  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction  
Partial cause un-  
determined  
Antigular Fibulation  
acute paratitic - Bilateral  
Neurolytic Myogenia  
Other contributory causes of importance: 223

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. D. Baskett, M. D.  
(Address) Columbia, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

