. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1945

State File No. 30066

Registration District No. 21 Primary Registration District No. 5106 Registrar's No.

1. PLACE OF DEATH:

(a) County Bates. (County Line Road)

(b) City or town South Drexel. W. Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 65 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19

(c) City or town Drexel. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Franklin Huston.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Male.

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Lula Huston.

6. (c) Age of husband or wife if alive Dcsd. years

7. Birth date of deceased September, 27, 1854.
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Lincoln County, Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer. Retired.

11. Industry or business Retired.

FATHER
12. Name Ambrose L. Huston.
13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lee.
15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Huston,
(b) Address Drexel, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27. 45.
(Month) (Day) (Year)
(c) Place: burial or cremation Shamon Cemetery.

18. (a) Signature of funeral director [signature]
(b) Address Drexel, Mo.

19. (a) 8/26/1945. (Date received local registrar) (b) L. A. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan I, 1945, to Aug 25, 1945
that I last saw him alive on Aug 25, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	3 mo
Due to Chronic Myocardosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Basil Hartwell (M. D. or other)
Address Drexel, Mo. Date signed 8/26/45

1300

(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~~ personally

....., ~~Registered Apprentice~~ No.....,

~~working under my personal supervision~~.

Signed.....

Licensed Embalmer No. 1950

P. O. Address. Drake 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, fact should be so stated above.