

FILED NOV 12 1947

Registration District No. **1**

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County **ADAIR**
(b) City or town **KIRKSVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **STILL CONVALESCENT HOME #4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **81 yrs** (Specify whether years, months or days)
In this community **81 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ADAIR**
(c) City or town **GIBBS, MO**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JAMES ALFRED HUSTON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 0 5. Color or race **W**
6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **FEB 11 1863**
(Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **19**
If less than one day hr. _____ min. _____

9. Birthplace **CENTER CO. PA**
(City, town, or county) (State or foreign country)

10. *Usual occupation **BRICK MASON**

11. Industry or business _____

12. Name **JOHN HUSTON**

13. Birthplace **PA**
(City, town, or county) (State or foreign country)

14. Maiden name **SOPIA SPOTTS**

15. Birthplace **PA**
(City, town, or county) (State or foreign country)

16. (a) Informant **DAN HUSTON**

(b) Address **GIBBS, MO**

17. (a) **BURIAL** (b) Date thereof **11-2-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GIBBS, MO**

18. (a) Signature of funeral director **Foster R. Easley**

(b) Address **Bracewell MO**

19. (a) **11-5-47** (b) **Kate Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **30**
year **1947** hour **6** minute **0** P. M.

21. I hereby certify that I attended the deceased from **March 29, 1947** to **October 30, 1947**
that I last saw him alive on **October 30, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mesenteric Thrombosis** Duration **24 hrs.**

Due to **Thrombus secondary to old mitral stenosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **Walter H. Thurston** (M. D. or other) **DO**

Address **Kirkville MO** Date signed **11-3-47**

MAY 28 1948

RECEIVED
District Health Officer No. 20
District File Number 11-47-1530
Date Filed NOV 11 1947

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.....

Richard B. Kelly....., Registered Apprentice No. 467
working under my personal supervision.

Signed Geo. B. Casey Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland, 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.