

FILED OCT 26 1948

Registration District No. 57

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5510

State File No. 32710

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Deepwater Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At Home Fairview Twp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution now 1  
(Specify whether years, months or days)  
In this community 48 years

3. (a) PRINT FULL NAME

Robert Bope Houtchens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased May 27 - 1861  
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Clifton Martin

(b) Address Deepwater Mo.

17. (a) Removal (b) Date thereof 10-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Oak, Iowa

18. (a) Signature of funeral director Tom Hurst

(b) Address Deepwater Mo.

19. (a) 10-17-48 (b) R. H. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Deepwater Mo. R. H. D.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Fairview Twp  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19  
year 48 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from 19 to Arrival  
that I last saw alive and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion immediate

Due to

Due to

Other conditions Chronic myocarditis 3 years  
(Include pregnancy within 3 months of death)

Arteriosclerosis

Major findings:

Of operations

Of autopsy

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

Signature R. H. Kenney

Address Deepwater Mo. Date signed 10/19/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7;

District File Number 9-48-1234

Date Filed 10-25-48

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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

*Pam Stuart*

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.**