

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 857

BIRTH NO. 120 REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Genney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Stonbury</u> COUNTY <u>Genney</u> MD <u>38</u>	
b. CITY OR TOWN <u>Stonberry MO</u>		c. CITY OR TOWN <u>in S.W. Stonbury</u> <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.W. Stonberry</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) <u>Mrs Helen Houston</u>	a. (First) <u>Mrs</u>	b. (Middle) <u>Helen</u>	c. (Last) <u>Houston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 12 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>1-14-1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Shippensburg PA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John A. Shuilenberger</u>	13b. MOTHER'S MAIDEN NAME <u>CMNG C. ARTZ</u>	14. NAME OF HUSBAND OR WIFE (deceased) <u>Geo W. Houston</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donald Houston</u> ADDRESS <u>Stonbury MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral regurgitation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, coronary insufficiency</u> DUE TO (c) <u>Acute, Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prolapsa uteri 1104</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>41</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>
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22. I hereby certify that I attended the deceased from Nov 26, 1948, to Jan 12, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Mueselman M.D.</u>	23b. ADDRESS <u>Stonbury Mo.</u>	23c. DATE SIGNED <u>1/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hick Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stonbury Genney MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 17-49</u>	REGISTRAR'S SIGNATURE <u>Horace N. Nelson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Shellers</u> ADDRESS <u>Stonbury MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3
300

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.~~

Signed.....

Victor F. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. *1898*

P. O. Address

Sturtevant 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.