

FILED MAR 17 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 9525

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5952 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Pike</b>	
b. CITY OR TOWN <b>Spencer Twp Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Curryville (Rural)</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>OLIVE</b>	b. (Middle) <b>ANNIE</b>	c. (Last) <b>Houchins</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 25 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>	8. DATE OF BIRTH <b>Feb 5 1900</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>25</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Bowling Green MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>L.A. Bagley</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Waddell</b>	14. NAME OF HUSBAND OR WIFE <b>Ray Houchins</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ray Houchins</b>	ADDRESS <b>Curryville MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, leg, extending and lungs.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1521</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>Curryville Pike Mo.</b>
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?

22. I hereby certify that I attended the deceased from **Jan 19 1949**, to **Feb 25 1949**, that I last saw the deceased alive on **Feb 25**, 1949, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. P. Hansen</b> (Degree or title) <b>J. D. O.</b>	23b. ADDRESS <b>Frankford, MO</b>	23c. DATE SIGNED <b>Feb. 26/49</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-27-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Curryville</b>	24d. LOCATION (City, town, or county) (State) <b>Curryville Pike MO</b>
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DATE REC'D BY LOCAL REG. <b>2-28-49</b>	REGISTRAR'S SIGNATURE <b>Bill Robinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Grace Bonshard</b>	ADDRESS <b>Bowling Green MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 1

District File Number 3-49-4

Date Filed MAR 16 1949

**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.

Student .....  
Student Embalmer

Signed Harold C. K. [Signature]

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.