

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12465

State File No.

FILED MAY 3 1949

1793

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1793

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 1705 Wabash Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) a. (First) LAWERENCE	b. (Middle)	c. (Last) HOUSTON	4. DATE OF DEATH (Month) (Day) (Year) APRIL 20 1949
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DECEMBER 5 1894	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 15 Mins. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) HENRY COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME ALBERT HOUSTON	13b. MOTHER'S MAIDEN NAME MOLLIE	14. NAME OF HUSBAND OR WIFE STELLA HOUSTON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or date of service) 495-03-9351	17. INFORMANT'S SIGNATURE OR NAME STELLA HOUSTON	ADDRESS 1705 Wabash Avenue
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC RESPIRATORY FAILURE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL THROMBOSIS DUE TO (c) GENERALIZED ARTERIOSCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		COMMUNITED FRACTURE OF RT HUMERUS	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) About the home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY JACKSON MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 12 1949 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Patient injured arm when he suffered a stroke
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22. I hereby certify that I attended the deceased from 4/13/1949, to 4/20/1949, that I last saw the deceased alive on 4/20/1949, and that death occurred at 6:40P m., from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis (Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 4/21/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-23-1949	24c. NAME OF CEMETERY OR CREMATORY Highland CEM.	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 4-23-49	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Brady-Brown	ADDRESS 1708 J. roadway.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Laurence A. Jones Sr.

Licensed Embalmer No. *4429*

P. O. Address *2500 Park Ave
K.C. 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.