No. 300
10-48

FILED JUN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16401

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 66

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

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg 1
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 115 West Oak Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson 51
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg 2
d. STREET ADDRESS (If rural, give location): 115 W. Oak Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle): Westheffer
c. (Last): Huston

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0
8. DATE OF BIRTH: March ~~25~~ 28, 1915 26
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Student
10b. KIND OF BUSINESS OR INDUSTRY: Retired Student
11. BIRTHPLACE (State or foreign country): Wsichita, Kansas 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Orion B. Huston
13b. MOTHER'S MAIDEN NAME: Elixabeth Westheffer
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Orion B. Huston Warrensburg, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun Shot Wound to Brain — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES
Morbid 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.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Warrensburg Johnson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 7 49 2 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from* Jan, 1944, *to* 6-7, 1949, *that I last saw the deceased alive on* Jan, 1949, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Lee Cooper M.D.
23b. ADDRESS: Warrensburg Mo
23c. DATE SIGNED: 6-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-10-49
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Hill
24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri

DATE REC'D BY LOCAL REG.: June 10, 1949
REGISTRAR'S SIGNATURE: Susannah Crutchfield 147
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R. A. Brannings Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1949

MAY 3 1950

MAY 17 1950

JUN 13 1950

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 R. A. Brassinger

Licensed Embalmer No. 3377

P. O. Address Warrenburg, 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.

State of Missouri
County of Johnson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 16401- 49
Local Registrar's No. 66

On this 11 day of May, 1950, before me appears Orion B. Huston, who, upon his oath, states that the original record of death for Howard Westheffer Huston died June 7, 1949, in the State of Missouri, and which was filed at Warrensburg, Missouri on June 10, 1949, should be corrected as follows:

Item No. 8 should read March 26, 1915
Instead of March 25, 1915

Item No. 22 should read 4:00 P. M.
Instead of 2:00 P. M.

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Orion B Huston Relationship. Father

Present Address. 115 W. Oak St, Warrensburg, Mo

Subscribed and sworn to before me this 11 day of May, 1950.

My Commission expires Apr 28, 1954 Grace Sweet Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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