

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16688

State File No.

BIRTH NO. REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL - JACKSON TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - JACKSON TWP.</u>	
c. LENGTH OF STAY (in this place) <u>11 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D # 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTON</u> b. (Middle) <u>HOUSEHOLDER</u> c. (Last) <u>HOUSEHOLDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1949</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 19, 1868</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Days <u>8</u>	11. UNDER 2 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>DANIEL HOUSEHOLDER</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY KING</u>		14. NAME OF HUSBAND OR WIFE <u>MADE HOUSEHOLDER</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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JAS. L. FARRELL, CLEVELAND, O.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	ANTECEDENT CAUSES: (b) <u>arterio-sclerosis</u>		
	11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>5-16-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>arterio-sclerosis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>M</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Paris</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Paris Monroe Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-16-49 9:45 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fall</u>
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22. I hereby certify that I attended the deceased from 4-3, 1949, to 5-16, 1949, that I last saw the deceased alive on 5-16, 1949, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo. M. Farrel M.D.</u>	23b. ADDRESS <u>Paris, Mo.</u>	23c. DATE SIGNED <u>5-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>MEXICO, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5-18-49</u>	REGISTRAR'S SIGNATURE <u>Elbert Baker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed Blakey, Paris, Mo.</u>
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RECEIVED

District Health Officer No.

District File Number 5-49

Date Filed MAY 23 1946

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 E. P. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.