

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24165

State File No.

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison RR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>69</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>105</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Frank</u> c. (Last) <u>Houchens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>6-15-1859</u>		9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerical work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>bank</u>		11. BIRTHPLACE (State or foreign country) <u>Madison Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Houchens</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Love</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>B.H. Swindell</u> ADDRESS <u>Madison Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)				7954	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				1-1	
II. OTHER SIGNIFICANT CONDITIONS		Tuberc Spunk Feb-1949				never had a medical attendance	
19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION <u>Just a old man wore out</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1, 1949, to 1, 1949, that I last saw the deceased alive on 1, 1949, and that death occurred at 1 m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.H. Swindell</u> (Degree or title) <u>of nephew</u>		23b. ADDRESS <u>Madison Mo</u>		23c. DATE SIGNED <u>6/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sweet Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Madison, Monroe Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank A. Thompson</u> ADDRESS <u>Madison Mo</u>		DATE REC'D BY LOCAL REG. <u>July 18, 1949</u>	
REGISTRAR'S SIGNATURE <u>Chas Little</u> 204					

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

300
48

59
0
6

RECEIVED JUL 25 1949
District Health Officer No. _____
District File Number 7-497
Date Filed JUL 25 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 _____

Licensed Embalmer No. 3282

P. O. Address Muskegon Mich

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.