

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24353

FILED JUL 16 1949
BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If Institution, residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY OR TOWN Courmansa		c. CITY OR TOWN Touryville	
c. LENGTH OF STAY (In this case) 6 days		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital		_____	

3. NAME OF DECEASED (Type or Print) a. (First) Daniel (Middle) Webster c. (Last) House			4. DATE OF DEATH (Month) (Day) (Year) July 7 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 29 1967	9. AGE (In years last birthday) 82	10. MONTH 7	11. DAY 7	12. HOUR 8:00	13. MIN. 00
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Pike Co Mo	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm House	13b. MOTHER'S MAIDEN NAME Kate Walker Bonney	14. NAME OF HUSBAND OR WIFE Mary Wilhoit
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. D. W. House	ADDRESS Touryville Mo
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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) Hypertensive Cardiac - vascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X			

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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **July 3, 1949** to **July 7, 1949**, that I last saw the deceased alive on **July 7, 1949**, and that death occurred at **7:20 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Lewellen M.D.	23b. ADDRESS Louise Mo	23c. DATE SIGNED 7/8/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 7-10-1949	24c. NAME OF CEMETERY OR CREMATORY Bowling Green	24d. LOCATION (City, town, or county) (State) Bowling Green Mo
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DATE REC'D BY LOCAL REG. July 9, 1949	REGISTRAR'S SIGNATURE Berniece Collier	25. FUNERAL DIRECTOR'S SIGNATURE Grace Boushead	ADDRESS Bowling Green
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 14 1949

RECEIVED

District Health Officer No. 10

District File Number 7-49-123

Date Filed JUL 14 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.

Signed.....

Gerald C. Kipp

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bainbridge

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.