

25857

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 18 1949

S. No. 300

V. 10-48

BIRTH NO. _____		REG. DIST. NO. <u>956</u>		PRIMARY REG. DIST. NO. <u>4521</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>TEXAS</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u>		a. STATE <u>Mo</u>		b. COUNTY <u>TEXAS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u>		c. LENGTH OF STAY (in this place) <u>Most of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u>		107	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>3</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Francis</u>	b. (Middle) <u>Adelia</u>	c. (Last) <u>Sooter</u>	(Month) <u>June</u>	(Day) <u>11</u>	(Year) <u>1949</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>
8. DATE OF BIRTH <u>Nov 6 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>7</u>	Days <u>5</u>	IF UNDER 24 HRS. Hours <u>1</u>	Minutes <u>1</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>La. /</u>			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>Gifford Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha ANN LACEY</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Houston</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Craig</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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* <u>Arteriosclerotic Hypertension</u> <u>decompensative Right Heart</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Fractured Femur</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Fractured Femur</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</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) <u>none</u>	
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 <u>Jan. 18, 1949</u> to <u>June 10, 1949</u> , that I last saw the deceased alive on <u>June 10, 1949</u> , and that death occurred at <u>3:05a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Burns, M.D.</u>				23b. ADDRESS <u>Houston Mo</u>		23c. DATE SIGNED <u>6-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>		24d. LOCATION (City, town, or county) (State) <u>Houston Texas Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 25-49</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u>			
				ADDRESS <u>Cabool Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received
6/28/49
2:00

RECEIVED 7/5/49
District Health Officer No. 8,
District File Number 749495
Date Filed 7-14-49

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 Frank E. Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.