

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36285

State File No. _____

Registrar's No. 42

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5103

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-West Lindsey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--West Lindsey	
c. LENGTH OF STAY (In this place) 48 years		d. STREET ADDRESS (If rural, give location) RFD # 1, Lincoln	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 1, Lincoln		d. STREET ADDRESS (If rural, give location) RFD # 1, Lincoln	

3. NAME OF DECEASED (Type or Print) a. (First) Harriett Ann b. (Middle) Houk c. (Last) Houk			4. DATE OF DEATH (Month) (Day) (Year) Nov. 15 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 29, 1861	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 5 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Buchanan County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Andrew Vanhooser	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William Houk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jesse Houk, Lincoln, Missouri

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal flux & Adomage		
	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. Valvular Heart Disease		48 2x	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE (Specify)	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 Oct. 23, 1949 to Oct. 23, 1949, that I last saw the deceased alive on Oct. 23, 1949, and that death occurred at 10:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Bestmore, M.D.	23b. ADDRESS Windsor, Mo.	23c. DATE SIGNED Nov. 16, 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-16-49	24c. NAME OF CEMETERY OR CREMATORY Clear Creek	24d. LOCATION (City, town, or county) (State) Benton County, Missouri
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DATE REC'D BY LOCAL REG. Nov. 18, 1949	REGISTRAR'S SIGNATURE Jas. A. Logan	25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner	ADDRESS Windsor, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7;

District File Number 20-49-1370

Date Filed 11-21-49

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~~ not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

William M. Turner

Signed _____
Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.