

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38203**

BIRTH NO. 586 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LINDA</b>	b. (Middle) <b>SUE</b>	c. (Last) <b>HOUK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>None</b>	8. DATE OF BIRTH <b>Nov. 11, 1949</b>	9. AGE (In years last birthday) <b>1 0 0 2</b>	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>*****</b>	11. BIRTHPLACE (State or foreign country) <b>Sedalia, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Fred Houk</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ardelia Garland</b>	14. NAME OF HUSBAND OR WIFE <b>*****</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred Houk, Route 1, Marshall, Missouri</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Related Cardiac Abnormalities</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>8 weeks</b> <b>Last trimester</b> <b>7 1/2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Bronch.</b>		
	DUE TO (c) <b>Toxemia of the Newborn</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>11/11/49</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 11/11, 1949, to 11/13, 1949, that I last saw the deceased alive on 11/13, 1949, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. Yeager</b> (Degree or title)	23b. ADDRESS <b>Woodland Hospital, Sedalia, Mo.</b>	23c. DATE SIGNED <b>11-13-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/15/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jonesburg, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11/14/49</b>	REGISTRAR'S SIGNATURE <b>Betty Yeager Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. Eugene</b>	ADDRESS <b>Sedalia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

NOV 21

District Health Officer No. 8,

District File Number.....

Date Filed 11-23-49

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.

Student .....  
Student Embalmer

Signed Warren K Dietz

Licensed Embalmer No. 4583

P. O. Address Sedalia, 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.