

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5959 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural--Buffalo</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Buffalo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Frankford Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural--North of Louisiana, Mo.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>SAMUEL</u>	b. (Middle) <u>J</u>	c. (Last) <u>HOUCHINS</u>	<u>April 12, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 16, 1867</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>82 5 26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Samuel Houchins</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Givens</u>		14. NAME OF HUSBAND OR WIFE <u>Maria Houchins</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arnold Houchins--RFD, Louisiana, Missouri</u>	
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis generalized</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased relative on April 12, 1950, and that death occurred at 9:4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Mudd</u> (Degree or title) <u>Covered 3</u>		23b. ADDRESS <u>Bouling Green, Mo.</u>		23c. DATE SIGNED <u>April 13-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Pike Co., Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Apr. 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home Louisiana, Mo.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED APR 18 1955
District Health Officer No. _____
District File Number 4-58-
Date Filed APR 18 1955

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 *J. B. Sterne*

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.