

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17813

State File No.

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6005 Registrar's No. 60

2870

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

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford (rural) Spencer 2 5 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Spencer townsh.</u>	
c. LENGTH OF STAY (In this place) <u>2 5 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED a. (First) <u>EMILY</u> b. (Middle) <u>MAY</u> c. (Last) <u>HOUGHINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8 1950</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 2, 1879</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Samuel Houghins</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Walkley Pierson</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Houghins</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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME/ ADDRESS <u>Pierson Houghins Frankford Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Failure</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4214</u>	

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) (Min.)			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 May 7, 1950, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. P. Hansen M.D.</u>		(Degree or title)		23b. ADDRESS <u>Frankford Mo.</u>		23c. DATE SIGNED <u>May 10 1950</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 10 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 9, 1950</u>		REGISTRAR'S SIGNATURE <u>H. J. Waters</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fields & Son</u>		ADDRESS <u>Frankford Mo.</u>	
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RECEIVED MAY 30 1950
District Health Officer No. 10
District File No. 5-50-903
Date Filed _____

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 Jane Fields Megowan
Licensed Embalmer No. 4098
P. O. Address Frankford, 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.