

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5248 Registrar's No. 59 0210

210
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wayland Twp. Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Wayland Twp. Mo.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>9 miles N.E. Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles N.E. Salisbury</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FLETCHER</u> c. (Last) <u>HOUSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-24-1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>2-9-1932</u>		9. AGE (In years last birthday) <u>18</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Ag.</u>			

13a. FATHER'S NAME <u>Joseph Worth Houston</u>		13b. MOTHER'S MAIDEN NAME <u>Sylvia C. Courtney</u>		14. NAME OF HUSBAND OR WIFE <u>9</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Mo</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph W Houston</u>	
				ADDRESS <u>Prairie Hill Mo</u>	

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>GUN SHOT WOUND IN LEFT CHEST</u>			INTERVAL BETWEEN ONSET AND DEATH <u>29 9/10</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>WITH TWELVE GAUGE SHOT GUN.</u>			
		DUE TO (c) <u>[REDACTED]</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		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) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WAYLAND TWP CHARITON - MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>SEPT-24-1950 1P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>WITH TWELVE GAUGE SHOT GUN.</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. D. Stewart</u>		(Degree or title) <u>Coroner of Chariton County - Kaytown Mo.</u>		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>9-25-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-26-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Prairie Hill Mo</u>			

DATE REC'D BY LOCAL REG. <u>9/26/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo Gellinkemper</u>	
				ADDRESS <u>Salisbury Mo</u>	

Date Received: **OCT 2** 19
DISTRICT HEALTH OFFICE
District File Number *10-5*
Date Filed: **OCT 3** 1950

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 *Charles B. Winkelmeyer*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury Md*

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.