

FILED NOV 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32518

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u> <u>0030</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>J</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Convalesc. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) _____ c. (Last) HOUCHINS 4. DATE OF DEATH (Month) (Day) (Year) Oct 23-1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept 17-1887 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR 1 Days IF UNDER 6 HRS. 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (State or foreign country) Tenn 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Arnold 13b. MOTHER'S MAIDEN NAME Mary Christiana 14. NAME OF HUSBAND OR WIFE Thomas Houchins

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 Mrs. Virgil Kerr Humphreys ADDRESS _____

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach - Metastasis to Lung
 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.

INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 151X

22. I hereby certify that I attended the deceased from 8-20, 1950, to 10-24, 1950, that I last saw the deceased alive on 10-24, 1950, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS Tarkenton, Mo. 23c. DATE SIGNED 10-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 26-1950 24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery 24d. LOCATION (City, town, or county) (State) Hamburg - Trenton - Iowa

DATE REC'D BY LOCAL REG. Oct 28, 1950 REGISTRAR'S SIGNATURE Marvin H. Schaefer 448 25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary, Rockport ADDRESS _____

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

0030



098177 AON

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 *Geoff Bartholomew*.....

Licensed Embalmer No. 3173.....

P. O. Address Rock Port, 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.