

THE DIVISION OF HEALTH OF MISSOURI
FILED DEC 4 1950 STANDARD CERTIFICATE OF DEATH

State File No. **38091**

BIRTH NO. _____		REG. DIST. NO. 294	PRIMARY REG. DIST. NO. 3056	Registrar's No. 396
1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Chariton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place) 3 wks.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) Bell c. (Last) Houston			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1950	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 13, 1874	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Pettis M. Sears		13b. MOTHER'S MAIDEN NAME Mary Francis Wayland	14. NAME OF HUSBAND OR WIFE Eugene Victor Houston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Horace Gibson; Clifton Hill	
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) Cardiac of the Liver ANTECEDENT CAUSES Morbidity 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 5810
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.	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 Nov 7 1950 , to Nov 25, 1950 , that I last saw the deceased alive on Nov 25, 1950 , and that death occurred at 6 A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Willie Lenny, R.M.		23b. ADDRESS Moberly, Mo.	23c. DATE SIGNED Nov 27 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/27/1950	24c. NAME OF CEMETERY OR CREMATORY Old Prairie Hill	24d. LOCATION (City, town, or county) (State) Prairie Hill, Missouri	
DATE REC'D BY LOCAL REG. Nov 27-50	REGISTRAR'S SIGNATURE Leah Bell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton, Kentwell, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

0893
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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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.