

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41855

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Near Harden, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Carrollton, 0171	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 104 Overpass			

3. NAME OF DECEASED (Type or Print) Sarah Turpin Houston		4. DATE OF DEATH (Month) (Day) (Year) 12/11/50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1885
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Carrollton, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry B. Turpin	

13b. MOTHER'S MAIDEN NAME Sarah Rees		14. NAME OF HUSBAND OR WIFE John G. Houston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Neil Houston Carrollton, Mo.			

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) as a result of an accident, caused by a collision of a transport truck and a passenger car near Hardin Mo		INTERVAL BETWEEN ONSET AND DEATH 891 hrs 26	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		II. OTHER SIGNIFICANT CONDITIONS Passenger car near Hardin Mo			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 089		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) On Highway		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hardin		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ray Mo	
21d. TIME OF INJURY 12-11-1950 6 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Collision of a truck & car	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE JF Baker		(Degree or title) Coroner		23b. ADDRESS Richmond Mo		23c. DATE SIGNED 12-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/11/50		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Carrollton, Missouri	

DATE REC'D BY LOCAL REG. Dec 16-1950		REGISTRAR'S SIGNATURE Malcolm Jackson		25. FUNERAL DIRECTOR'S SIGNATURE 273 Marshall Funeral Home		ADDRESS Carrollton	
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(Licensed Embalmer's Statement on Reverse Side)

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

490
3



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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Camerton

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.