

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12614**
Registrar's No. **1762**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Mary's Hospital		d. STREET ADDRESS (If rural, give location) 700 WARD PARKWAY	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Houghteling			4. DATE OF DEATH (Month) (Day) (Year) April 19 1951			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-30-1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY Guaranteed Home Industry Sheet Metal Co. 2548 Indiana Chicago, Illinois		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. R. HOUGHTELING	13b. MOTHER'S MAIDEN NAME Helen Herzberg	14. NAME OF HUSBAND OR WIFE Mrs. Edna B. Houghteling
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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) yes WW-#1	16. SOCIAL SECURITY NO. 335-01-7840	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna B. Houghteling	ADDRESS 700 WARD PARKWAY KC, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis DUE TO (c) Arteriosclerosis gen.		5 yrs 10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		5 yrs	

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)	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 **April 18, 1951**, to **April 19, 1951**, that I last saw the deceased alive on **April 19, 1951**, and that death occurred at **8:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE John R. Whiteman (Degree or title) MD MD	23b. ADDRESS 6314 Brookhick Plaza	23c. DATE SIGNED Apr 20, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE April 23-51	24c. NAME OF CEMETERY OR CREMATORY National Crematory	24d. LOCATION (City, town, or county) (State) East Kennett, Kansas
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DATE REC'D BY LOCAL REG. 4-23-51	REGISTRAR'S SIGNATURE Sheraldine Helmer	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer	ADDRESS 1331-BRUSH CREEK KANSAS CITY, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 1951

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.....

Basil V. Honey

Licensed Embalmer No. *H 724*

P. O. Address *Fishland, 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.