

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20007**

FILED JUL 2-1951

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3625 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u> <u>0461</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cross Rock HOME</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>E</u>	c. (Last) <u>HOUSE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never m'd</u>	8. DATE OF BIRTH <u>1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>unk</u>	12. CITIZEN OF WHAT COUNTRY? <u>9</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Hip West Plains Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompenstation</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12 Feb 1951, to 3 June 1951, that I last saw the deceased alive on 8 Mar 1951, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Beatrice Cook</u> (Degree or title)	23b. ADDRESS <u>West Plains Mo.</u>	DATE SIGNED <u>JUN 18 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>6-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Well Fare Cem</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-21-51</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

461
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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

JUN 28 1933

Dist. File

Date Filed

657-1222
6-27-33

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.....

Licensed Embalmer No.....

P. O. Address.....

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.