

FILED DEC 12 1951

STANDARD CERTIFICATE OF DEATH

36524

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 572

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Neely

c. LENGTH OF STAY (in this place) 20 years

d. FULL NAME OF HOSPITAL OR INSTITUTION North of Neelyville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo.

b. COUNTY Butler

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Neely

d. STREET ADDRESS (If rural, give location) 1127

3. NAME OF DECEASED

a. (First) Garland

b. (Middle) \_\_\_\_\_

c. (Last) Huston

4. DATE OF DEATH Nov. 30, 1951

(Month) (Day) (Year)

5. SEX M

6. COLOR OR RACE C

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH SEPT. 19, 1903

9. AGE (In years, less birthday) 48

IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_

IF UNDER 48 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Fulwaka Co. Ark

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Garland Huston

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Ileen Huston

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 James Pierce Neelyville

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_

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

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION 334X

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? \_\_\_\_\_

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 7P m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Green (Degree or title) Coroner

23b. ADDRESS Post Office Box 100, Butler Mo.

23c. DATE SIGNED 12/1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/2/1951

24c. NAME OF CEMETERY OR CREMATORY Harviell Ceme.

24d. LOCATION (City, town, or county) (State) Butler Co. Mo.

DATE REC'D BY LOCAL REG. Dec 3 1951

REGISTRAR'S SIGNATURE Wm. H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE Gish ADDRESS Funeral Home Naylor, Mo.

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

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RECEIVED

DEC 11 1954

BUTLER CO. HEALTH CENTER

FILE No. 1251-539

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Susan McCord

Licensed Embalmer No. 4079

P. O. Address May, 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.