

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37882

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, frankness before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u> <u>0502</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>511. Warne St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anne</u> b. (Middle) <u>M.</u> c. (Last) <u>Houghton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 - 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Apr 10 - 1889</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Days <u>25</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Columbia Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Douglass</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ellis</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Houghton Festus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Houghton</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction, caused by</u> ANTECEDENT CAUSES <u>adeno-carcinoma, primary small intestine</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>152X</u>					

19a. DATE OF OPERATION <u>10-19-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Widespread abdominal malignancy, apparently primary in small intestine.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NI</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Jan 5 1951 11:00 am</u>		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 10-10-47, 19____, to 11-5-51, 19____, that I last saw the deceased alive on 11-2-51, 19____, and that death occurred at 10:10Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Rutledge</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>11-7-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Memorial</u>	
				24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo</u>	

DATE REC'D BY LOCAL REG. <u>11-9-51</u>		REGISTRAR'S SIGNATURE <u>Geanty K. Polette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Vinyard</u> ADDRESS <u>Festus Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

502
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DATE RECEIVED 11-17-51
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

NOV 27 1951

JAN 2 1954

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

Donald H. Vinyard

Licensed Embalmer No.

4608

P. O. Address

Festa, 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.