

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1952 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CUBA</u> <u>0280</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 hours</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed.</u> b. (Middle) <u>Houser</u> c. (Last) <u>Houser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 31 - 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>1-20-1902</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Days <u>11</u> Hours <u>11</u> Min.		IF UNDER 1 YEAR Days <u>11</u> Hours <u>11</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Gastrointestinal Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable Esophageal Varix</u> DUE TO (c) <u>Probable Hepatic Cirrhosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic alcoholism</u> <u>Chronic narcotic addiction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>years</u> <u>years</u>	
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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? <u>5811</u>	
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22. I hereby certify that I attended the deceased from Jan 30, 1952, to Jan 31, 1952, that I last saw the deceased alive on Jan 30, 1952, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. G. Elders, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>1-31-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KINDER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CRAWFORD Co., Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 1, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> 380-7		25. FUNERAL DIRECTOR'S SIGNATURE <u>SHANKLIN F. H.</u>		ADDRESS <u>CUBA, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8120

RECEIVED  
Phelps County Health Officer

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 *Paul P. Jaudin*  
Licensed Embalmer No. *3472*  
P. O. Address *Cuba, 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.