

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8914

FILED MAR 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 27

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Lafayette</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Lafayette</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Lexington</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Lexington</b>  |  |
| c. LENGTH OF STAY (in this place)<br><b>Life</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>2311 Washington, St.</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2311 Washington St.</b>                                  |  |   |  |

|   |                                  |  |   |   |                                       |   |                                     |                                     |
|---|----------------------------------|--|---|---|---------------------------------------|---|-------------------------------------|-------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>MARION HOUGH</b>   |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>March 1 1952</b> |   |                                       |   |                                     |                                     |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>January 9 1872</b>                       | 9. AGE (in years last birthday)<br><b>80</b>                                    | IF UNDER 1 YEAR<br>Months<br><b>1</b> | IF UNDER 1 YEAR<br>Days<br><b>22</b>          | IF UNDER 1 MIN.<br>Hours<br><b></b> | IF UNDER 1 MIN.<br>Mins.<br><b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Not Known</b>                    |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Pleasanton, Kansas</b> |                                       | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |                                     |                                     |

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME<br><b>Joseph W. Hough</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Armstrong</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Rebecca Hough</b> |
|--|--|---|

|   |  |   |                                  |
|---|--|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None Not Known</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Rebecca Hough-Lexington, Mo.</b> | ADDRESS<br><b>Lexington, Mo.</b> |
|---|--|---|----------------------------------|

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|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>Carcinoma of Prostate</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>years</b> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |  |
|--|--|--|
| 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)<br><b>177X</b> |
|--|--|--|

|  |  |                            |
|--|--|----------------------------|
| 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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **July 9, 1949**, to **Feb. 19, 1952**, that I last saw the deceased alive on **Mar 1, 1952**, and that death occurred at **6:00 p. m.**, from the causes and on the date stated above.

|   |                               |   |                                      |
|---|-------------------------------|---|--------------------------------------|
| 23a. SIGNATURE<br><b>J. E. McDonald</b> | (Degree or title)<br><b>0</b> | 23b. ADDRESS<br><b>1315 Franklin Lexington, Mo.</b> | 23c. DATE SIGNED<br><b>Mar 10/52</b> |
|---|-------------------------------|---|--------------------------------------|

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>March 1 1952</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Machpelah Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Lexington Missouri</b> |
|--|----------------------------------|---|--|

|  |  |  |         |
|--|--|--|---------|
| DATE REC'D BY LOCAL REG.<br><b>3-15-52</b> | REGISTRAR'S SIGNATURE<br><b>Missouri &amp; Eastern States Funeral Home</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>James F. Temple Lexington, Missouri</b> | ADDRESS |
|--|--|--|---------|

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

0542  
1  
2nd 507

Wes

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 \_\_\_\_\_

*Leo M. Keane*

Licensed Embalmer No. 2983

P. O. Address Livingston, Missouri

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.