

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19650

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3088 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway 0140</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Calwood Twp.</u>	
c. LENGTH OF STAY (In this place) <u>6 Days</u>		d. STREET ADDRESS (If rural, give location) <u>McCredie Rural Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eula</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Houchins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1952</u>
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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>Aug. 27, 1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Simcoe</u>	14. NAME OF HUSBAND OR WIFE <u>Challey Houchins</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Challey Houchins</u>	ADDRESS <u>McCredie Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>		<u>36 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>		<u>5 days</u>
DUE TO (c) <u>Hypertensive Cardiovascular</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>lesion with previous "stroke"</u>		<u>(at least 3 years)</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-4-3 X</u>	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 6 June 1952, to 26 June 1952, that I last saw the deceased alive on 26 June 1952, and that death occurred at 9:47 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Houchins</u> (Degree or title)	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>27 June</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Callaway Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 28-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie Funeral Home</u>	ADDRESS <u>Fulton</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. J. Rosen

Licensed Embalmer No. 2555

P. O. Address Gullon 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.