

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21256

State File No.

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 6804 Registrar's No. 37

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

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jackson-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison,</u>	
c. LENGTH OF STAY (In this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin Samuel</u> b. (Middle) _____ c. (Last) <u>Houchins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 6 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>	8. DATE OF BIRTH <u>1/18/1865</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Madison, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Benjamin Samuel Houchins</u>		13b. MOTHER'S MAIDEN NAME <u>Martha K Groves</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Rooney</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Houchins, Park, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION. _____	
20. AUTOPSY? 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>July 1952</u> to <u>July 1952</u> , that I last saw the deceased alive, on <u>July 8, 1952</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm Mc Joseph M.D.</u> (Degree or Title)		23b. ADDRESS <u>4350 Hill</u>	23c. DATE SIGNED <u>7-8-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>
DATE REC'D BY LOCAL REG. <u>7-9-52</u>	REGISTRAR'S SIGNATURE <u>A. D. Danner</u>	GENERAL DIRECTOR'S SIGNATURE <u>Paul A. ...</u>	ADDRESS _____

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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 Mrs. Isella Kemp

Licensed Embalmer No. 2282

P. O. Address Madison, Wis

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.