

STANDARD CERTIFICATE OF DEATH 3004 State File No. 23574

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. ~~5077~~ Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Rural Union Township	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) EVELYN		b. (Middle) EWING	
		c. (Last) HOUSTON	
		4. DATE OF DEATH (Month) (Day) (Year) July 31 52	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 14, 1889	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Boonville Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME George E. Titsworth		13b. MOTHER'S MAIDEN NAME Ewing Read Titsworth	
14. NAME OF HUSBAND OR WIFE Harmon Houston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harmon Houston Sheldon Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 June 17, 1952 to July 31, 1952 , that I last saw the deceased alive on July 31, 1952 , and that death occurred at 8:40 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE A. R. Cain M.D.		23b. ADDRESS Lamar, Mo.	
23c. DATE SIGNED 8/4/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 3 52	
24c. NAME OF CEMETERY OR CREMATORY Sheldon Mo.		24d. LOCATION (City, town, or county) (State) Sheldon Mo.	
DATE REC'D BY LOCAL REG. AUG 9 - 1952		REGISTRAR'S SIGNATURE Marie Konantz	
25. FUNERAL DIRECTOR'S SIGNATURE Gerald Deary		ADDRESS Sheldon, Mo.	

NOV 27 1952

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.

Student Embalmer No.....

Signed.....

F. Gerald Beeny

Signed.....

Student Embalmer

Licensed Embalmer No.....

1503

P. O. Address.....

Helder 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.