

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35582**

FILED OCT 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4284</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Belle</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Belle</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>House</u>	
4. DATE OF DEATH		(Month) <u>October</u>		(Day) <u>12</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 23, 1898</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>La Belle, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Jacobe House</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Diffendafer</u>		14. NAME OF HUSBAND OR WIFE <u>Ora M. House</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. <u>489-14-7471</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ora M. House</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Potts Disease or T.B. of the spine</u>		ANTECEDENT CAUSES				<u>8 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		<u>Conditions contributing to the death but not related to the disease or condition causing death. Total paralysis, waist down.</u>				<u>3 mo.</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)		<u>0120</u>	
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>Sept. 8, 1952</u> to <u>Oct. 12, 1952</u> , that I last saw the deceased alive on <u>Oct. 12, 1952</u> , and that death occurred at <u>7:35P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Larry L. M. Crocker</u>		(Degree or title) <u>D. O.</u>		23b. ADDRESS <u>La Belle, Missouri</u>		23c. DATE SIGNED <u>10/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/14/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deeridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Deeridge, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-16-52</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>La Belle, MO.</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 M. J. Kelly

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. A. Roden Jr.

Licensed Embalmer No. 4328

P. O. Address La Belle, 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.