

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5569

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>  |  |
| c. LENGTH OF STAY (In this place) <b>69 yrs.</b>                                    |  | d. STREET ADDRESS (If rural, give location) <b>6400 Agnes</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6400 Agnes</b>                           |  |  |  |

|                                     |                            |                          |                        |   |
|-------------------------------------|----------------------------|--------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>CLARENCE</b> | b. (Middle) <b>EDGAR</b> | c. (Last) <b>HOUGH</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>12 17 1952</b> |
|-------------------------------------|----------------------------|--------------------------|------------------------|---|

|                    |                               |   |                                   |   |                        |                      |                       |                      |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>2/10/1882</b> | 9. AGE (In years last birthday) <b>70</b> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired- Supy. Mailing Dept.</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Tele. Co.</b> | 11. BIRTHPLACE (State or foreign country) <b>Terre Haute, Ind.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|--|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>George H. Hough</b> | 13b. MOTHER'S MAIDEN NAME <b>Amanda McKellar</b> | 14. NAME OF HUSBAND OR WIFE <b>Mrs. Alma Ruth Hough</b> |
|---|--|---|

|  |  |   |                           |
|--|--|---|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>486-03-0127 A</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alma Ruth Hough</b> | ADDRESS <b>6400 Agnes</b> |
|--|--|---|---------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 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, 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) <b>Apoplexy</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Nephritis</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.   |  |  | <b>592X</b>                      |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) <b>no</b> | 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) m. | 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 **March 19 37** to **12/9/52**, that I last saw the deceased alive on **12/9**, 19**52**, and that death occurred at **6:15 p.m.**, from the causes and on the date stated above.

|   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| 23a. SIGNATURE <b>W.R. Fricker</b> (Degree or title) <b>D.O.P. Prickett</b> | 23b. ADDRESS <b>2524 Main RChd</b> | 23c. DATE SIGNED <b>12/19/52</b> |
|---|------------------------------------|----------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>12/20/52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b> |
|---|---------------------------|---|---|

|  |   |  |         |
|--|---|--|---------|
| DATE REC'D BY LOCAL REG. <b>12-19-52</b> | REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b> | ADDRESS |
|--|---|--|---------|

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

Dr. Wm R. Fuchs - 3524 Main - Wa 0980  
call. Fri. am. - will come by -

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.....  
Student Embalmer

Signed

*Clayton K. Barnes*

Licensed Embalmer No. 4793

P. O. Address F. C., 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.