

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5422

State File No.

FILED MAR 2 - 1953

REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4192 Registrar's No. 28

380

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

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) Stanberry		c. CITY (If outside corporate limits, write RURAL and give township) Stanberry, Mo.	
c. LENGTH OF STAY (in this place) lifetime		d. STREET ADDRESS (If rural, give location) East 6th. St	
d. FULL NAME OF HOSPITAL OR INSTITUTION East 6th. St.			

3. NAME OF DECEASED (Type or Print) a. (First) Mr. William b. (Middle) Archer c. (Last) Houston	4. DATE OF DEATH (Month) (Day) (Year) 2/20/53
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 13 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) Brick Mason	10b. KIND OF BUSINESS OR INDUSTRY At trade	11. BIRTHPLACE (State or foreign country) Whitesville, Mo.	12. CITIZENRY OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Houston	13b. MOTHER'S MAIDEN NAME Ophelia Saunders	14. NAME OF HUSBAND OR WIFE Mrs. Florence Houston
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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) no.	16. SOCIAL SECURITY NO. 498-14-3095	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Florence Houston Stanberry, Mo.
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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, athermia, 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) arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senility DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **June 1952** to **Feb 20, 1953**, that I last saw the deceased alive on **Feb 19, 1953**, and that death occurred at **4:15 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul M. Mueselmann Do	23b. ADDRESS Stanberry, Mo.	23c. DATE SIGNED 2/21/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/22/53	24c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Stanberry, Mo.
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DATE REC'D BY LOCAL REG. Feb 26 53	REGISTRAR'S SIGNATURE Maudie Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John F. Phillips Stanberry
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MO

APR 29 1955

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 _____

L. F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stockton - N

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.