

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13439

FILED APR 20 1953 13678
BIRTH NO. REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4066 State File No. 5152 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Caldwell 0130		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Polo Rural		c. LENGTH OF STAY (in this place) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Polo	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) Danny b. (Middle) Lynn c. (Last) Houghton			4. DATE OF DEATH (Month) (Day) (Year) 4 6 53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 18, 1953	9. AGE (in years last birthday) 18	IF UNDER 1 YEAR Months 18 IF UNDER 48 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles H Houghton, Jr.	13b. MOTHER'S MAIDEN NAME Lena A. Carterton	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Charles H Houghton.	ADDRESS Polo, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent Foramen Ovale (Blue baby)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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	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) (Min.)	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 **March 15, 1953**, to **April 6, 1953**, that I last saw the deceased alive on **April 4, 1953**, and that death occurred at **2:17** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Polo Mo	23c. DATE SIGNED 4-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-6-1953	24c. NAME OF CEMETERY OR CREMATORY Mirabile Cemetery	24d. LOCATION (City, town, or county) (State) Mirabile, Mo.
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DATE REC'D BY LOCAL REG. 4-16-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark.	ADDRESS Kingston, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not}~~was~~ embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Cramer Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kingston, M

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.