

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**17061**

State File No. ....

**FILED JUN 15 1953**

BIRTH NO. _____		REG. DIST. NO. <u>37</u>	PRIMARY REG. DIST. NO. <u>4049</u>	Registrar's No. <u>30</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henderson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cairo</u>		
c. LENGTH OF STAY (in this place) <u>75 Days</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Helen Nursing Home</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>HUSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-11-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Oct-26-1867</u>	9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>15</u> IF UNDER 10 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Huntsville Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.H. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Cassie Belcher</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Walter Huston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Huston</u> ADDRESS <u>Cairo Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmities of all ages</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>28 days</u>  <u>four years</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, other building, 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 <u>4-20-53</u> , 19 <u>53</u> , to <u>6-11-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-10-53</u> , 19 <u>53</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>P.D. Baker, M.D.</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Centralia Mo</u>		23c. DATE SIGNED <u>6-11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June-13-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Cairo Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 11-1953</u>		REGISTRAR'S SIGNATURE <u>Maud M. Brade</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. Beady</u> ADDRESS <u>Walter M. Beady</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22 1953

**STATEMENT BY LICENSED EMBALMER**

X 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 \_\_\_\_\_

*R. M. Carter*

Licensed Embalmer No. \_\_\_\_\_

4117

P. O. Address \_\_\_\_\_

*Woburn, Mass.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.