

**STANDARD CERTIFICATE OF DEATH**

State File No. **21153**

No. 300  
10.48  
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FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Union Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Union Township</b>	
c. LENGTH OF STAY (In this place) <b>10 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 Mile South Gallatin, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 Mi. South Gallatin, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alexander</b> b. (Middle) <b>Richard</b> c. (Last) <b>Huston</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 6 1953</b>		
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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>July 5 1884</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 48 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Daviess Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Wesley Huston</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Litton</b>	14. NAME OF HUSBAND OR WIFE <b>Alta Huston</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Alta Huston, Gallatin, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Renal Vascular Disease.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Chronic Bronchitis</b>		
	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 <b>442 X</b>	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)
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 June, 1950, to July 6, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Floyd E. Nelson M.D.</b> (Degree or title)	23b. ADDRESS <b>Gallatin, Mo.</b>	23c. DATE SIGNED <b>7-7-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-8-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lock Springs Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lock Springs, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8 July 1953</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Engelhart</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b>	ADDRESS <b>Gallatin, Mo.</b>
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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 was embalmed by me, or by

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*L. P. Richesson*

Licensed Embalmer No. *3392*

P. O. Address *Gallatin, 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.