

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21595**
Registrar's No. **2868**

FILED JUL 9 - 1953
BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 22 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1416 EAST 75th TERRACE		e. STREET ADDRESS (If rural, give location) 908 1415 EAST 75th TERRACE	
3. NAME OF DECEASED (Type or Print) EARL ELLIOTT HOUSTON		4. DATE OF DEATH (Month) (Day) (Year) JUNE 5 1953	
a. (First) EARL b. (Middle) ELLIOTT c. (Last) HOUSTON			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. - 18 - 1889
9. AGE (In years last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER STATIONARY (RETIRED EURS)	11. BIRTHPLACE (City and State or Foreign Country) PRAIRIE HILL MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CLARENCE O. HOUSTON	13b. MOTHER'S MAIDEN NAME ALTA ELLIOTT	14. NAME OF HUSBAND OR WIFE EDNA HOUSTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. W.W. #1 487-09-9434	17. INFORMANT'S SIGNATURE AND NAME Edna Houston ADDRESS 1415 East 75th Terrace	
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction		2 1/2 yrs.	
DUE TO (c) Coronary Atherosclerosis		years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4401	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	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 April 1951 , to June 5, 1953 , that I last saw the deceased alive on May 21, 1953 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE V.B. Ballard (Degree or title) M.D.		23b. ADDRESS 411 Nichols Road Kansas City Mo.	23c. DATE SIGNED 6-7-53.
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 8 1953	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY - KANSAS CITY MISSOURI	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. 6-8-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Tuconie Some Kansas City Missouri	

(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 was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles H. Stebbins*

Licensed Embalmer No. *456*

P. O. Address *120 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.