

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28672**
39-19

FILED AUG 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3919</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>6 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3413 EAST-60TH STREET</u>				e. STREET ADDRESS (If rural, give location) <u>3413 EAST-60TH STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>			b. (Middle) <u>LEMUEL</u>		c. (Last) <u>HOUGHTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-3-1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV-30-1881</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAILER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N. C. KANSAS NEWS PAPER INDUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TAMA, IOWA</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALBERT L. HOUGHTON</u>			13b. MOTHER'S MAIDEN NAME <u>HARRIETT HAPGOOD</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. GRACE M. HOUGHTON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>487-05-7303</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. GRACE M. HOUGHTON</u> ADDRESS <u>3413 E. 60TH ST. KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS, LEFT</u>				<u>1 DAY</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u>				<u>4 YEARS</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>COARCTATION AORTAE</u>				<u>3 YEARS</u>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		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) (Minute) <u>0</u>		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>2-15</u> , 19 <u>50</u> , to <u>8-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-3</u> , 19 <u>53</u> , and that death occurred at <u>11:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. C. Quistgard</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>6741 Prospect Ave. S.W.</u>		23c. DATE SIGNED <u>8-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATOR <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-8-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcome's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

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.....
Robert E. Hermon

Licensed Embalmer No. *489*

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