

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36881

State File No.

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4372 Registrar's No. 201

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burlington Junction</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u> <u>0740</u> | |
| c. LENGTH OF STAY (In this place) <u>3 1/2 Months</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Broderick Nursing Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> | b. (Middle) <u>James</u> | c. (Last) <u>Houston</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1953</u> |
|---|--------------------------|--------------------------|---|

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|--------------------|-------------------------------|--|---|---|----------------------------------|-----------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 2, 1873</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days | IF UNDER 12 HRS. Hours Mins. |
|--------------------|-------------------------------|--|---|---|----------------------------------|-----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Hopkins, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Leander Houston</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Sheppard</u> | 14. NAME OF HUSBAND OR WIFE <u>Margaret Houston</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bruce Houston, Hopkins, Mo.</u> | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cerebral Arteriosclerosis</u> | | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>334 X</u> |
|--|--|---|

| | | |
|--|--|----------------------------|
| 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 11/1, 1953 to 10/24/53 that I last saw the deceased alive on 10/1, 1953 and that death occurred at A. m., from the causes and on the date stated above.

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|---|-------------------|--------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>C. N. Holt, M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Hopkins</u> | 23c. DATE SIGNED <u>10/26/53</u> |
|---|-------------------|--------------------------------|-------------------------------------|

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|--|------------------------------|--|--|
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-26-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u> | 24d. LOCATION (City, town, or county) (State) <u>Hopkins, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10-31-53</u> | REGISTRAR'S SIGNATURE <u>Bless Holt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u> | ADDRESS <u>Hopkins, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0740
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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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.