

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2031**

FILED FEB 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 1

0630

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

1. PLACE OF DEATH a. COUNTY <b>MARIES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: <del>residence before</del> admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>	
c. LENGTH OF STAY (in this place) <b>9 WKS</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of daughter</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>HOUSE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 2nd 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Aug 6-1888</b>		9. AGE (In years last birthday) <b>66</b>		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>WINFIELD FORSHEE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HARRY</b>		14. NAME OF HUSBAND OR WIFE <b>DALLAS HOUSE</b>	
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 ADDRESS <b>Mrs. Wm. Koepffel Belle, Mo.</b>	

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) <b>Metastatic Carcinoma of Liver</b>		<b>Metastatic Carcinoma of Liver</b>			<b>20 months</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbid 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.				

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, 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 11/24, 1952, to 2/2, 1954, that I last saw the deceased alive on 2/2, 1954, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. H. Schouhart M.D.</b>		23b. ADDRESS <b>Belle, Mo</b>		23c. DATE SIGNED <b>2/3/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 5th 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Memorial</b>	
				24d. LOCATION (City, town, or county) (State) <b>Bonne Terre St. Francois county Mo.</b>	

DATE REC'D BY LOCAL REG. <b>2-4-54</b>		REGISTRAR'S SIGNATURE <b>Pauline Howard</b>		1887	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sassmann's Funeral Service</b>		ADDRESS <b>Belle Mo.</b>	

**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

*Chester L. Mason*

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

4178

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

Blad-bur

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.