

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8713**
1323

BIRTH MO. **FILED APR 7 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1323**

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 51 yrs.		e. STREET ADDRESS (If rural, give location) 1002 Benton Boulevard 318 8 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1002 Benton Boulevard			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) THOMAS c. (Last) HOUGHTON		4. DATE OF DEATH (Month) (Day) (Year) Mar. 23, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-20-91
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman Foreman	11. BIRTHPLACE (City and State or Foreign Country) Webb City, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman Foreman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. RR.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harvey A. Houghton		13b. MOTHER'S MAIDEN NAME Mae C. Flanary	14. NAME OF HUSBAND OR WIFE Lillie M. Houghton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-14-5743	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillie M. Houghton, 1002 Benton, KC, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Right Lung, Primary 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		1624	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23. SIGNATURE Richard C. Schaffer M.D.		23b. ADDRESS St. Mary's Hospital	23c. DATE SIGNED 3-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-54	24c. NAME OF CEMETERY OR CREMATORY Elmwood
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 3-24-54		REGISTRAR'S SIGNATURE Seraldine Smith	

(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.....
Arthur Eugene Hoover

Licensed Embalmer No.....
49

P. O. Address.....
K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.