No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9508

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 2-834 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marion
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sarcoxie Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0730
d. STREET ADDRESS (If rural, give location): Sarcoxie Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle): Lee
c. (Last): Housh

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 23, 1881
9. AGE (In years last birthday): 72 — 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): Ret'd
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Diamond, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: James Housh
13b. MOTHER'S MAIDEN NAME: Susan Randol
14. NAME OF HUSBAND OR WIFE: Pearl Housh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Rex Housh, Sarcoxie #1

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertension — Unk

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: 331 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 20, 1953, *to* Mar. 27, 1954, *that I last saw the deceased alive on* Mar. 20, 1954, *and that death occurred at* 3:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.
23b. ADDRESS: Granby, Mo.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-29-1954
24c. NAME OF CEMETERY OR CREMATORY: Center Cemetery
24d. LOCATION (City, town, or county) (State): Jasper Co., Mo.

DATE REC'D BY LOCAL REG.: March 24-54
REGISTRAR'S SIGNATURE: Mrs. Allie Parnell 222
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Ulmer Funeral Home, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 454-58

Date Filed APR 9 1954

NEOSHO, MISSOURI

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 William B. Santr

Licensed Embalmer No. 4820

P. O. Address Carthage, 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.