

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1170**  
**196**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>74 years</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>4618 EAST 7<sup>TH</sup> STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CARRIE</b> b. (Middle) <b>LETITIA</b> c. (Last) <b>HOUSTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 14 - 1955</b>	
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 29 - 1890</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>EDWIN G. PHILLIPS</b>	13b. MOTHER'S MAIDEN NAME <b>ESTHER A. BAKER</b>	14. NAME OF HUSBAND OR WIFE <b>WALTER P. HOUSTON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HOWARD V. HOUSTON</b> ADDRESS <b>11244 SUNNY SLOAN HICKMAN MILLS, MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>① Pulmonary Carcinoma with dense fibrosis through out right lung &amp; some 4 yrs pleural effusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) <b>② Metastatic Carcinoma of Liver</b>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <b>③ Chronic Coronary atherosclerosis with coronary insufficiency</b>		
II. OTHER SIGNIFICANT CONDITIONS (d) <b>④ Hypertension</b>		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	

19a. DATE OF OPERATION <b>NO</b>	19b. MAJOR FINDINGS OF OPERATION <b>no surgery recent - breast amputated 8 yrs ago</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>
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22. I hereby certify that I attended the deceased from 5-31-1952 to 1-14-55, that I last saw the deceased alive on 1-13-1955 and that death occurred at 6:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Harvey Jennett M.D.</b>	23b. ADDRESS <b>424 Professional Bldg Kansas City Mo</b>	23c. DATE SIGNED <b>1-14-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 15 - 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-15-55</b>	REGISTRAR'S SIGNATURE <b>Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Neocame's Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
J. Harvey Jennett

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *KC*

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.