

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4867**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar No. **591**

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 or township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>7 years</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				(If rural, give location) <b>7180 4333 State Line</b>					
3. NAME OF DECEASED (Type or Print) <b>HARRY C.</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>HOUGH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 8 55</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 22, 1879</b>			
9. AGE (In years last birthday) <b>75</b>		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) <b>Retired - 8 years</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Building Contractor</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Solomon, Kansas</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>John Hough</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Dooland</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Scott Hough</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>496-03-3586</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Myrtle Hough-4333 State Line-K.C., Mo.</b>					
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				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral lobar pneumonia</b>				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. <b>arterio sclerotic heart disease</b>								<b>490x</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., is or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>Feb 5, 1955</b> to <b>Feb 8, 1955</b> , that I last saw the deceased alive on <b>Feb 8, 1955</b> , and that death occurred at <b>10:00 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Herbert S. Valentine</b> (Degree or title) _____				23b. ADDRESS <b>1124 Professional Bldg Kansas City, Mo.</b>		23c. DATE SIGNED <b>7/9/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/10/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>2-9-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar-Kansas City, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Herbert A. Valentia  
Ji 1939  
between 1 & 3

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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 *Jamil E. Hacklema*.....

Licensed Embalmer No. *45*.....

P. O. Address *H.C.*.....

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