

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16311

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>					
b. CITY OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place) <b>1 hr</b>		c. CITY OR TOWN <b>Moberly</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Rural Rt. 1</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b>		b. (Middle) <b>Jay</b>		c. (Last) <b>Houston</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 29 1955</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>Jan 17-1886</b>			
9. AGE (In years last birthday) <b>69</b>		if UNDER 1 YEAR Months		if UNDER 24 HRS. Days		if UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Prairie Hill Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Clarence Oliver Houston</b>		13b. MOTHER'S MAIDEN NAME <b>ALTa Elliott</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Talkington Houston</b>		
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 ADDRESS <b>Mrs. A. J. Houston Salisbury, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arrest</b>				DUE TO (b) <b>Coronary Thrombosis</b>				<b>3 hrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>4201</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Chr. Bronchial Asthma</b>				<b>37 yrs</b>	
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) (Min.)		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>May 29, 1955</b> , to <b>May 29, 1955</b> , that I last saw the deceased alive on <b>May 29, 1955</b> , and that death occurred at <b>1058 P. M.</b> ; from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Robert Hasson M.D.</b>				23b. ADDRESS <b>109 N. 5th St. Moberly</b>		23c. DATE SIGNED <b>5/31/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>June 1-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Prairie Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Chariton County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>June 1-55</b>		REGISTRAR'S SIGNATURE <b>Charles S. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas B. Winhelmyer</b>		ADDRESS <b>Salisbury Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A LEGIBLE COPY

Wife  
One Son J W Houston of KC Mo  
One Grandson "  
1 bro J W Houston Moberly  
2 sisters Mrs ~~to~~ Maudie Stigall of Moberly  
Mrs Earl McCrary of "

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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 e  
by me, ~~or~~ by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Chas B Winkelman

Licensed Embalmer No. 52

P. O. Address.....  
Salisbury

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.