No. 300
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FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22883

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 202

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 3 wk 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN: Frankford
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ No
STREET ADDRESS (If rural, give location): RR 1 - North 0.8 20

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle): ELLIOTT
c. (Last): HOUCHINS

4. DATE OF DEATH (Month) (Day) (Year): JULY 12 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 29 1882
9. AGE (In years last birthday): 73 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Louisiana Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Houchins
13b. MOTHER'S MAIDEN NAME: Millie Holiday
14. NAME OF HUSBAND OR WIFE: Lucy Belvey Houchins

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.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lucy Houchins — ADDRESS: Frankford 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paralytic ileus
DUE TO (c): Myocarditis, Arterio-sclerotic in Type.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 days.

19a. DATE OF OPERATION: 6-20-55
19b. MAJOR FINDINGS OF OPERATION: Colostomy 4221
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* 10-5, 1954, *to* 7-12, 1955, *that I last saw the deceased alive on* 7-12, 1955, *and that death occurred at* 7:10 p m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M D
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 7/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15-55
24c. NAME OF CEMETERY OR CREMATORY: Grassy Creek - Fairview Cemetery - Pike Co. Mo. (Rural)
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: July 13-'55
REGISTRAR'S SIGNATURE: Dr E M Luke By A C Fisher 187-0
25. FUNERAL DIRECTOR'S SIGNATURE: Fields and Son — ADDRESS: Frankford Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 19 1955
MARION CO. HEALTH DEPT.
DATE FILED JUL 19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joe Fields Megown

Licensed Embalmer No. 409

P. O. Address Frankfort

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