

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25554

State File No.

FILED AUG 24 1955

BIRTH NO.		REG. DIST. NO. <u>387</u>		PRIMARY REG. DIST. NO. <u>5208</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hale</u>		c. LENGTH OF STAY (In this place) <u>15 years</u>		c. CITY OR TOWN <u>Hale,</u>		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 (If not in hospital or institution, give street address or location) <u>Home 5 miles s/w Hale.</u>				e. STREET ADDRESS (If rural, give location) <u>RFD#1. 0179</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>			b. (Middle) <u>EDWARD</u>		c. (Last) <u>HOUSEWORTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 29, 1881</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livestock</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Abram Barton Houseworth</u>			13b. MOTHER'S MAIDEN NAME <u>Artie Spouse,</u>		14. NAME OF HUSBAND OR WIFE <u>Linnie Mae Houseworth</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>191</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Linnie Mae Houseworth Hale, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of bladder</u> 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. 181X					INTERVAL BETWEEN ONSET AND DEATH	
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 <u>May 15, 1955</u> , to <u>Aug 17, 1955</u> , that I last saw the deceased alive on <u>Aug 17, 1955</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Allen A. White, D.O.</u>				23b. ADDRESS <u>Hale, Mo</u>		23c. DATE SIGNED <u>8-19-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/19/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Aug 19, 1955 Mrs Rex Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>490 Clifford W. Austin, Tina, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Clifford W. Gustin
Licensed Embalmer No..... 32

P. O. Address..... Tina, Miss

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.