

No. 300  
10-48

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26235

State File No. 2902

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )		c. LENGTH OF STAY (In this place) <u>35 yr.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH MEDICAL CENTER</u>				STREET ADDRESS (If rural, give location) <u>339. ORIO</u>					
3. NAME OF DECEASED (Type or Print) <u>THOMAS GLENDENNING HOUSTON</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>7-5-55</u>		(Month)		(Day)		(Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 26-1868</u>			
9. AGE (In years, last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Elevator Opn.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hotels</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>William Houston</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Ada Houston</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-14-0537</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.H. Blackman &amp; Sons K.C. Mo.</u>				ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Artery Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Ribs Right # 2-10-10</u>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>							
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Kansas City</u>		(COUNTY) <u>Jackson</u>		(STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-2-55</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>fell on stairs</u>					
22. I hereby certify that I attended the deceased from <u>7/2/55</u> , 19 <u>55</u> , to <u>7/5/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/5/55</u> , 19 <u>55</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.									
23. SIGNATURE <u>Harold Passman</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>704 E 63</u>				23c. DATE SIGNED <u>7/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-8-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>		24d. LOCATION (City, town, or county) <u>Kansas City</u>		(State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG <u>7-8-55</u>		REGISTRAR'S SIGNATURE <u>Reva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman &amp; Sons Inc.</u>				
					ADDRESS _____				

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

K.C. Mo.

Jan 6 575

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 *W.C. Rinne*.....

Licensed Embalmer No. *487*.....

P. O. Address *K.C., Mo.*.....

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.