

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4277 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Verona Springriver		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Verona, Mo. 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION City of Verona		d. STREET ADDRESS (If rural, give location) City of Verona	

3. NAME OF DECEASED (Type or Print)	a. (First) Etta	b. (Middle) O.	c. (Last) Houston	4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 13, 1899	9. AGE (In years last birthday) 56	# UNDER 1 YEAR Months	# UNDER 2 HRS. Hours	# UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Lawrence County 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Lewis	13b. MOTHER'S MAIDEN NAME Florence Montgomery	14. NAME OF HUSBAND OR WIFE Jess Houston
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME X Jess Houston	ADDRESS Verona, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis		
	ANTECEDENT CAUSES Massive Intraventricular Cerebral Hemorrhage and Thrombotic Encephalomalacia. Arteriosclerosis.		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. Obesity.		331x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 28, 1955, to July 31, 1955, that I last saw the deceased alive on July 31, 1955, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. Avery Watson D.O.	23b. ADDRESS Verona, Missouri	23c. DATE SIGNED 8-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/2/55	24c. NAME OF CEMETERY OR CREMATORY Springriver	24d. LOCATION (City, town, or county) (State) Verona, Missouri
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DATE REC'D BY LOCAL REG. 8-15-1955	REGISTRAR'S SIGNATURE Dora Mc Nott	25. FUNERAL DIRECTOR'S SIGNATURE X Jess Houston	ADDRESS Verona, Mo.
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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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Orville L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Parsons, 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 this body is not embalmed, fact should be so stated above.