

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

469

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>12 hrs.</u>	c. CITY OR TOWN <u>Callwood Twp.</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 <u>Callaway Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>RD Fulton Missouri</u> <u>0140</u>		

3. NAME OF DECEASED a. (First) <u>Lewis</u> b. (Middle) <u>Mason</u> c. (Last) <u>Houchins</u>			4. DATE OF DEATH (Month, Day, Year) <u>Jan. 8, 1956</u>		
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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. 31, 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William M. Houchins</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Leck Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Dessie Houchins</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>486 14 4256</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dessie Houchins Fulton Mo.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocardial Disease</u> DUE TO (c) <u>Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 wks</u> <u>2 yrs.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>		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)	
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 1950, to 1-8, 1956, that I last saw the deceased alive on 1-8, 1956, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dale J. Brown MD</u> (Degree or title)		23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>1-10-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 10, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 14 - 1956</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Harold James</u>	ADDRESS <u>Fulton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 23 1958

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 *J. J. Ross*

Licensed Embalmer *[Redacted]*

P. O. Address *[Redacted]*

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.