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No. 300
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FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1028

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Springfield	c. LENGTH OF STAY (In this place) D.O.A.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp		e. STREET ADDRESS (If rural, give location) 3425 Benton Ave. 3568	

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) -Elmer- c. (Last) Houser	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16-1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never mar.	8. DATE OF BIRTH 8-18-1912	9. AGE (In years last birthday) 43	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) AutoMech-Body Metal	10b. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (City and State or Foreign Country) Republic-Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Clarence H. Houser	13b. MOTHER'S MAIDEN NAME Clona B. Maples	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) Yes World War II	16. SOCIAL SECURITY NO. 565-12-9549	17. INFORMANT'S SIGNATURE OR NAME Paul K. Houser-Kansas City, Mo.	ADDRESS _____
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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) Multiple fractures of skull & jaw		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2nd broken right leg 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.			

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 SLUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy was 160	21c. (CITY, TOWN OR TOWNSHIP) Wilson Twp, Greene Co. Mo. (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-16-56 9:40	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? (Hit span of bridge over Automobile RIVER)
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles L. Coffey, Coroner	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 1-17-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-56	24c. NAME OF CEMETERY OR CREMATORY Springfield National	24d. LOCATION (City, town, or county) (State) Springfield, Missouri.
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DATE REC'D BY LOCAL REG. 1-18-56	REGISTRAR'S SIGNATURE Edwin Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Ray Laney	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1950

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 _____
Lee Lanning

Licensed Embalmer No. 331

P. O. Address Springfie

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.