

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7801**

**FILED MAR 5 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6189 Registrar's No. 31

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Taney</b> b. CITY OR TOWN <b>rural Swan</b> c. LENGTH OF STAY (in this place) <b>years</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>home Forsyth</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b> c. CITY OR TOWN <b>Forsyth</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>rural Forsyth</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>OSCAR</b> b. (Middle) <b>THEODORE</b> c. (Last) <b>HOUSEMAN</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 5, 1956</b>		
<b>5. SEX</b> <b>male</b> (6. COLOR OR RACE) <b>white</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>never married</b>		<b>8. DATE OF BIRTH</b> <b>June 27, 1883</b> <b>9. AGE</b> (In years last birthday) <b>72</b> IF UNDER 1 YEAR: Months <b>7</b> Days <b>8</b> IF UNDER 24 HRS. Hour <b>8</b> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>stock farming</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Taney Co Missouri</b> <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Lewis Houseman</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Annie Webber</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Albert Houseman</b> ADDRESS <b>Forsyth, Mo</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>General arteriosclerosis</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b> DUE TO (c) <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs</b> <b>5 hrs</b> <b>4 hrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(Blank space for other conditions)				(Blank space for interval)	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331X</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** 1/1, 1955, to Feb 5, 1956, that I last saw the deceased alive on Feb 5, 1956, and that death occurred at 2 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>Forsyth Mo</b>		<b>23c. DATE SIGNED</b> <b>2/27/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>		<b>24b. DATE</b> <b>2/8/1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Forsyth Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Forsyth, Mo.</b>	
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<b>DATE REC'D BY LOCAL REG.</b> <b>2/28/56</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Forsyth Funeral Home, Forsyth, Mo</b> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 14 1957

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 *Walter S. Cobb*

Licensed Embalmer No. 473

P. O. Address *Seagr...*

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.