

FILED MAY 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH12200
State File No. 120

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo b. COUNTY Adair		
b. CITY OR TOWN Kirkville		c. LENGTH OF STAY (in this place) 104 days	c. CITY OR TOWN Gibbs		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 Community Nursing Home #1			STREET ADDRESS (If rural, give location) Gibbs		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) E. c. (Last) Houchens			4. DATE OF DEATH (Month) (Day) (Year) 4 25 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, SEPARATED, OR FORCED (Specify) Married	8. DATE OF BIRTH Nov. 24, 1870		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY Mercantile Store		11. BIRTHPLACE (City and State or Foreign Country) Schuyler Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Henry Houchens		13b. MOTHER'S MAIDEN NAME Sarah Green		14. NAME OF HUSBAND OR WIFE Myrtle A. Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle A. Houchens, Gibbs, Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute overwhelming Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetic Gangrene DUE TO (c) Diabetic Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 24 hrs 60 hrs 3 years 67 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Jan 16, 1956 , to April 25, 1956 , that I last saw the deceased alive on April 25, 1956 and that death occurred at 3:35 AM. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) George H. Scheurer, D.O.			23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 4-25-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/27/56	24c. NAME OF CEMETERY OR CREMATORY Highland Park		24d. LOCATION (City, town, or county) (State) Kirkville, Mo.
DATE REC'D BY LOCAL REG. 4-27-56		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul H. Lamb, Kirkville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

200
16
WHILE 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Kenneth E. Hay*.....

Licensed Embalmer No. *48*

P. O. Address *Kirkville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.