

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13809

State File No.

FILED MAY 8 1956

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		c. CITY OR TOWN <u>Holden</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>56 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holden Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PERRY</u>	b. (Middle) <u>LAWSON</u>	c. (Last) <u>HOUX</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>APRIL 22 1956</u>

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>May 9 1899</u>	9. AGE (In years last birthday) <u>56</u>	Months <u>10</u>	Days <u>23</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
							Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blackman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Finestock</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Centerville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Murrian P Houx</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs. Helen Barnett M Houx</u>	14. NAME OF HUSBAND OR WIFE <u>Barnet M Houx</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	(If yes, give war or dates of service) <u>V V V</u>	16. SOCIAL SECURITY NO. <u>500-03-1627</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Barnet Houx</u>	ADDRESS <u>Holden 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 month</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 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) _____	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 Oct 27, 1955, to April 22, 1956, that I last saw the deceased alive on April 11, 1956, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles H. Lumberg D.O.</u>	(Degree or title) _____	23b. ADDRESS <u>Holden, Mo.</u>	23c. DATE SIGNED <u>4/24/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 25 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pittsville Center Pittsville, Mo</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>4-26-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. G. V. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad Kopp</u>	ADDRESS <u>Holden Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

MAY 8 1956

MAR 10 1961

APR 28 1956
JOHNSON COUNTY HEALTH

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 *M. J. Canaday*

Licensed Embalmer No. *24*

P. O. Address *Heldenville*

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.