

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19935**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **4128** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri City,		c. CITY OR TOWN Missouri City,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 73 Yrs		STREET ADDRESS (If rural, give location) At Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) St Clair c. (Last) Huston			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 8 1882		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) For Self -Retired		10b. KIND OF BUSINESS OR INDUSTRY Apiary		11. BIRTHPLACE (City and State or Foreign Country) Missouri City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James Lynn Huston		13b. MOTHER'S MAIDEN NAME Robert Mary C. Wright		14. NAME OF HUSBAND OR WIFE Martha Huston	
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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) No		16. SOCIAL SECURITY NO. 486-03-7307		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Huston Missouri City, Missouri	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Furunculosis			INTERVAL BETWEEN ONSET AND DEATH 15 yr.
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 350X			

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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

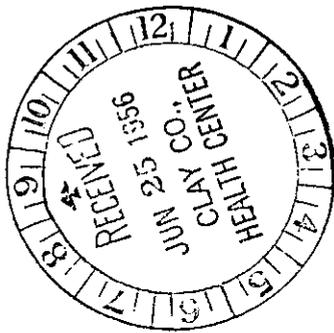
22. I hereby certify that I attended the deceased from March, 1937, to June 9, 1956, that I last saw the deceased alive on June 3, 1956, and that death occurred at 2: P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gleason W. Sanderson M.D.		23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 6/11/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12 1956		24c. NAME OF CEMETERY OR CREMATORY Missouri City		24d. LOCATION (City, town, or county) (State) Missouri City, Missouri	
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DATE REC'D BY LOCAL REG. 6/18/56		REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home Kas. City, Mo.	
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WRITE 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..... *Dean Owens*

Licensed Embalmer No. *429*
P. O. Address *K. C., Mo.*

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.