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FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21347**

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4376 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Guilford	c. LENGTH OF STAY (In this place) 3 yrs	c. CITY OR TOWN Guilford	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 At Home		e. STREET ADDRESS (If rural, give location) 0 740	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) GEORGE	c. (Last) HOUGH	4. DATE OF DEATH (Month) (Day) (Year) June 30 1956
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5. SEX male	6. COLOR OR RACE Cauc	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-Oct 1875	9. AGE (In years last birthday) 80	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) farmer-retired 10yrs Farming	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) near Council Bluffs, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Riley Hough	13b. MOTHER'S MAIDEN NAME Althers Wilson	14. NAME OF HUSBAND OR WIFE Bertha Maud Scott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Hough, Guilford, 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, asphemia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion, presumed embolic		INTERVAL BETWEEN ONSET AND DEATH Monday
	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 4201	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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 10, 1955, to June 30, 1956, that I last saw the deceased alive on June 23, 1956, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE Chas. J. Hunsicker, M.D. (Doctor or title)	23b. ADDRESS Bertrand, Mo.	23c. DATE SIGNED 7/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-2-1956	24c. NAME OF CEMETERY OR CREMATORY Bolckow Cemetery	24d. LOCATION (City, town, or county) (State) Bolckow, Mo
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DATE REC'D BY LOCAL REG. 7-2-56	REGISTRAR'S SIGNATURE Bess Bolckow	25. FUNERAL DIRECTOR'S SIGNATURE McClintock ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

90

AUG 21 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 *G M Atchison*

Licensed Embalmer No. *22*
P. O. Address *Maryville*

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.