

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22797

State File No. ....

FILED JUL 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <u>Brown</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Brown</u>	
b. CITY OR TOWN <u>Columbia</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY OR TOWN <u>Columbia</u>	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 <u>Boone County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>108 N. 3rd Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>HUSTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>unknown about 64</u>	9. AGE (In years last birthday) <u>about 64</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bakers helper</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City, and State or Foreign Country) <u>Columbia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>John Huston</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Huston</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>490-07-2052</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Huston Columbia, Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Delerium Tremens</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Alcoholism</u>		
	DUE TO (c) <u>venipuncture</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Post operative Prosthetic</u>			

19a. DATE OF OPERATION <u>July 12 56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic hypertrophy</u>	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) <u>3222</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 12, 1956, to July 17, 1956 that I last saw the deceased alive on July 17, 1956, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James C. Cape MD</u>	23b. ADDRESS <u>909 University Columbia</u>	23c. DATE SIGNED <u>July 20 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>
DATE REC'D BY LOCAL REG. <u>July 27 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart P. Parker Columbia, Mo.</u>	

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

31  
D

NOV 12 1957

NOV 12 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 *Edward H. Freeger*.....

Licensed Embalmer No. *499*.....

P. O. Address *Columbia,*.....

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.