

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24189

State File No.

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo.</u>		c. CITY OR TOWN <u>Webb City, Mo</u>	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) <u>66 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>702 N. Devon St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>702 N. Devon St.</u>			

04920

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alta</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Houts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 6, 1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Sarcoxie, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marion Barrow</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Lassiter, Webb City Mo</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>35 minutes</u> <u>23 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Hip</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9040</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Fractured hip</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Webb City</u> (COUNTY) <u>Jasper</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 7 1956 8A.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in kitchen</u>
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22. I hereby certify that I attended the deceased from July 7, 1956, to July 29, 1956, that I last saw the deceased alive on July 29, 1956, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. B. Munson</u>	23b. ADDRESS <u>Webb City Mo.</u>	23c. DATE SIGNED <u>7-31-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carterville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-31-56</u>	REGISTRAR'S SIGNATURE <u>Ms. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Ance-Simpson</u>	ADDRESS <u>Mortuary Webb City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

474

SEP 25 1958

AUG 13 1958

County File Number 56-1
Date Filed AUG 6 1958 622
Office

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 James E. Arnce

Licensed Embalmer No. 4465

P. O. Address Wet City, 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.