THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38545
STATE FILE NUMBER

FILED NOV 26 1956

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg, Inside Limits Yes Yes No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Warrensburg Medical Center, Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg, Inside Limits Yes Yes No
d. STREET ADDRESS (If outside, give location) 222 W. Markett St. Reside on Farm Yes No No

3. NAME OF DECEASED (Type or print) First ETHEL Middle C. Last HOUX

4. DATE OF DEATH Month Day Year November 21st. 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH July 3rd. 1874
9. AGE (In years last birthday) 82 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Warrensburg, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Field Clark
14. MOTHER'S MAIDEN NAME Rose Goff,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mr. E.C.Houx, Warrensburg, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Obstruction of Intestines at — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ileocecal junction
DUE TO (c) volvulus — 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5703.
19. WAS AUTOPSY PERFORMED? YES NO No

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 8. 1946 to II-21-1956 and last saw her him alive on II-21-1956
Death occurred at 12.25A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Warrensburg, Missouri
22c. DATE SIGNED II-21-1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE II-22-1956
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery,
23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri.

24. FUNERAL DIRECTOR ADDRESS R.A.Brauninger, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 21, 1956
26. REGISTRAR'S SIGNATURE Savannah Critchfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...3

P. O. Address..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.