

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44661

State File No. _____

FILED JAN 17 1957

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Kennett Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Mo.</u>	c. CITY OR TOWN <u>Kennett</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>100 Commercial St.</u>		STREET ADDRESS (If rural, give location) <u>100 Commercial St. 03570</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Louise</u> c. (Last) <u>Houston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30- 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 17-1902</u>	9. AGE (In years last birthday) <u>54</u> Months <u>8</u> Days <u>13</u>	IF UNDER 1 YEAR Hours <u>1</u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Flowers</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Cobb</u>	14. NAME OF HUSBAND OR WIFE <u>Royal Houston</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No. XX</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Royal Houston</u> ADDRESS <u>100 Commercial Kennett</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intermittent heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> 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 <u>260x</u>	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May, 1956, to Dec 29, 1956, that I last saw the deceased alive on Dec 29, 1956, and that death occurred at 3.00Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna M. Mohler</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Senath Mo.</u>	23c. DATE SIGNED <u>1-5-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-2-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Madison Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Ark.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 8 1957</u>	REGISTRAR'S SIGNATURE <u>Carl H. Hushon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Service</u> ADDRESS <u>Kennett Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

RECEIVED DUNKLIN COUNTY
DEPARTMENT.....1-14-
COUNTY FILE NUMBER 14

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 *Edgar D. D. Fisk*

Licensed Embalmer No.. 4433..

P. O. Address.. Kennett 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.