

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29**

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY OR TOWN KIRKSVILLE	c. LENGTH OF STAY (in this place) 40 DAYS	c. CITY OR TOWN GIBBS	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 NURSING HOME NO. 1		STREET ADDRESS (If rural, give location) 0010	

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) E.	c. (Last) HUSTON	4. DATE OF DEATH (Month) (Day) (Year) JAN 10 1957
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 16, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 Mins. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER	11. BIRTHPLACE (City and State or Foreign Country) ADAIR CO. MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS MITTEN	13b. MOTHER'S MAIDEN NAME MARY DEAN	14. NAME OF HUSBAND OR WIFE DANIEL H. HUSTON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME PEARL FLEAK HURLAND 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cocciemia and Infection		INTERVAL BETWEEN ONSET AND DEATH 1761
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis		
	DUE TO (c) Primary Carcinoma of Breast		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 3, 1956**, to **Jan. 10, 1957**, that I last saw the deceased alive on **1-9-57**, 1957, and that death occurred at **4:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Scheuer, D.O.	23b. ADDRESS Berksville, Mo	23c. DATE SIGNED 1-18-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 12 1957	24c. NAME OF CEMETERY OR CREMATORY UNION	24d. LOCATION (City, town, or county) (State) GIBBS MISSOURI
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DATE REC'D BY LOCAL REG. 1-22-57	REGISTRAR'S SIGNATURE Doris W. Ratliff	25. FUNERAL DIRECTOR'S SIGNATURE Scott H. Ady	ADDRESS Hurland Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Gertrude Easley Jr

Licensed Embalmer No. *375*

P. O. Address *Hurdland*

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.