Health, Welfare Public Service

300 1-56 4

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13944 STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Becky Thatcher — Length of stay in Hospital 4 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pike
c. CITY OR TOWN Curryville, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 0820 0 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle G. Last Houchin

4. DATE OF DEATH Month April Day 3 Year 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 23, 1863
9. AGE (In years last birthday) 93
IF UNDER 1 YEAR: Months 10 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY ———
11. BIRTHPLACE (City and state or country) Pike Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel E. Houchin
14. MOTHER'S MAIDEN NAME Martha Givens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Henry Rafer Address Curryville, Mo.

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) Arteriosclerotic Nephritis — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 446X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pneumonia & Uremia Terminal

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 1-19-57, to 4-3-57 and last saw her/him alive on 4-3-57
Death occurred at 4 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H L Brum (Degree or title) M.D. 0
22b. ADDRESS 100 N. Sixth, Hannibal, Mo.
22c. DATE SIGNED 4-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-6-57
23c. NAME OF CEMETERY OR CREMATORY Grassey Creek
23d. LOCATION (City, town, or county) Pike Co. Mo. (State)

24. FUNERAL DIRECTOR Grace Bankhead ADDRESS Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG. 4-8-1957
26. REGISTRAR'S SIGNATURE Dr E M Luck by K. C Fisher

189-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 18 1957
MARION CO. HEALTH DEPT.
DATE FILED APR 18 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold C. Kirk

Licensed Embalmer No. 459

P. O. Address Bentley

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