

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27118

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 136

Health,  
Welfare  
Public  
Service

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbon Hosp.</b>		d. STREET ADDRESS <b>353 South Jefferson</b>	
3. NAME OF DECEASED (Type or print) First <b>Kenneth</b> Middle <b>Carlyle</b> Last <b>Huston</b>		4. DATE OF DEATH Month <b>July</b> Day <b>19</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 16, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	11. BIRTHPLACE (City and state or country) <b>Marshall, Missouri</b>
13. FATHER'S NAME <b>Will S. Huston</b>		14. MOTHER'S MAIDEN NAME <b>Kate C. Davis</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-07-2228</b>	
17. INFORMANT <b>W. M. Huston</b>		Address <b>Marshall, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary Edema.</b>			<b>10 days.</b>
DUE TO (c) <b>Mitral Stenosis + Myocardial Damage</b>			<b>5 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>1) Healed Pulmonary Tuberculosis + Phoroctomy Rt.</b> <b>2) Pulmonary Emphysema Sever Lt Lung</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18). <b>410XA</b>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a: m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to <b>19 July '57</b> and last saw her alive on <b>19 July '57</b> Death occurred at <b>1:45 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. Lee M. Corbin</b>		22b. ADDRESS <b>Marshall, Mo.</b>	
22c. DATE SIGNED <b>20 July 57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-21-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
24. FUNERAL DIRECTOR <b>Campbell-Lewis</b>		25. DATE RECD. BY LOCAL REG. <b>7-20-57</b>	
ADDRESS <b>Marshall, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Cecil G. Read</b>	

**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 A. Lewis Jr.*  
Licensed Embalmer No. *470*

P. O. Address *Marshall*

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