

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35896

STATE FILE NUMBER

FILED OCT 16 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4459

S. 300 4
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Leawood		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR NURSING INSTITUTION HAZEL WOOD NURSING INSTITUTION 3231 PROSPECT HOME		Length of stay in yrs. 5 YRS.	d. STREET ADDRESS 8415 MEADOW LANE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MABEL ALICE HOUGHTON			4. DATE OF DEATH Month Day Year SEP. 24 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY-18-1879		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL TEACHER	11. BIRTHPLACE (City and state or country) WEDRON, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME AARON HOWE		13b. MOTHER'S MAIDEN NAME JENNIE DUNCAN		14. NAME OF HUSBAND OR WIFE ALLEN HOUGHTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS. CLAIRE BALDRIDGE 8415 MEADOW LANE		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 yr 23 1/2
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 1955 to 9/24/57 and last saw her alive on 9/23/57 Death occurred at 8:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. C. Trippe - M.D.			22b. ADDRESS 6247 Brookside Blvd		22c. DATE SIGNED 9/24/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEP. 24-57	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH		23d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.
24. FUNERAL DIRECTOR D.W. Newcomer		ADDRESS Louis Kans. City, Mo.	25. DATE RECD. BY LOCAL REG. 9-25-57	26. REGISTRAR'S SIGNATURE Neva Minshall	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
H. C. Trippe



open 1:00 P.M.

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 Chester K Brown

Licensed Embalmer No. 4931
P. O. Address K P 120

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.