

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2010

State File No.

FILED JAN 27 1958

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <u>HANNIBAL</u>		e. STREET ADDRESS (If rural, give location) <u>1224 Lindell Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mark Twain Rest Home,</u>		f. ADDRESS <u>0640</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MILLIE</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>HOUGHINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7 1958</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 1 1860</u>	9. AGE (In years last birthday) <u>98</u>	IF UNDER 1 YEAR Months	IF UNDER 11 RES. Days	IF UNDER 11 RES. Hours	IF UNDER 11 RES. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>BOYNTON MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>BENTON HOLLIDAY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HALLIBURTON</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM HENRY HOUGHINS</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Kung Hannibal Mo</u>	ADDRESS <u>227 Lindell</u>
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18. DATE 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? <u>2</u> 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) <u>332 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Jan 1, 1958 to Jan 7, 1958, that I last saw the deceased alive on Jan 7, 1958, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree of title)	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>Jan 9/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 9 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRASSY CREEK FAIRVIEW CEM</u>	24d. LOCATION (City, town, or county) (State) <u>LOUISIANA (Rural) Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-11-58</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Funeral Home, Frankford, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 24 1958

MARION CO. HEALTH DEPT.

DATE FILED JAN 24 1958

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 Low Fields Megaw

Licensed Embalmer No. 4093

P. O. Address Frankford

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.