

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006164

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 12

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 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Jefferson | | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN DeSoto Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | a. STATE Mo. | | b. COUNTY Jefferson | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 314 Stewart St. | | Length of stay in lb Life | | d. STREET ADDRESS (If outside, give location) 314 Stewart St. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First Karl | | Middle Joseph | | Last Houston | | Month Feb. Day 22 Year 1958 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH March 28, 1956 | | 9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) DeSoto, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME James Lee Houston | | | | 14. MOTHER'S MAIDEN NAME Helen Mae Moore | | | |
| 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 James L. Houston De Soto, Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute gastro-enteritis (Shigellosis) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 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.) 5710 | | | | |
| 20c. TIME OF INJURY Hour _____ 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 Feb 21, 58 to Feb 22, 58 and last saw ^{her} him alive on Feb 21, 58 Death occurred at 523 A _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Novl. J. Mothershead MD | | | | 22b. ADDRESS DeSoto, Mo | | 22c. DATE SIGNED Feb 27, 58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2/24/58 | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn | | 23d. LOCATION (City, town, or county) (State) DeSoto, Mo. | | |
| 24. FUNERAL DIRECTOR J. Lee Mothershead DeSoto, Mo. | | | ADDRESS DeSoto, Mo. | | 25. DATE RECD. BY LOCAL REG. Feb. 27-1958 | | 26. REGISTRAR'S SIGNATURE Marie Harris |

(Licensed Embalmer's Statement on Reverse Side)

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

MAR 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Andrew H. Englaun*.....

Licensed Embalmer No. *47*

P. O. Address *De Soto*.....

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