

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022633

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 62

S. 300
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1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>California</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Zachary Hosp.</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>0680</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>OTTO HOUSER</i>			4. DATE OF DEATH Month Day Year <i>June 24 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 30-1884</i>
9. AGE (In years last birthday) <i>74</i>		IF UNDER 1 YEAR Months Days <i>1 24</i>	IF UNDER 24 HRS. Hours Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Druggist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no</i>	11. BIRTHPLACE (City and state or country) <i>California Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Dr. F. W. Houser</i>	
13b. MOTHER'S MAIDEN NAME <i>Lena Carhardt</i>		14. NAME OF HUSBAND OR WIFE <i>Emma Ott Houser</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war & dates of service) <i>no no.</i>		16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT Address <i>Bernard Houser California Mo</i>
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Circulatory Collapse with Pulmonary edema</i> DUE TO (b) <i>Cardio-vascular Disease</i> DUE TO (c) <i>Arterio-Sclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>3 years</i> <i>? 10 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>marked Senility, trace Cortical degeneration</i>			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <i>5:55 P.M.</i>		21. I attended the deceased from <i>June 19 1958</i> to <i>June 23 1958</i> and last saw him alive on <i>June 23 1958</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Edgar A. Kobbs M.D.</i>		22b. ADDRESS <i>California Mo</i>	
22c. DATE SIGNED <i>6/24/58</i>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, OR DISPOSITION (Specify)	23b. DATE <i>6-26-1958</i>	23c. LOCATION (City, town, or county) <i>City Cemetery</i>	23d. LOCATION (City, town, or county) <i>Jefferson City Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Hugh E. Williams California Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6/26/58</i>	
25. DATE RECD. BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Walter P. Pappay</i>	

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

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 *Hugh E. Hellman*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.

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