

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028726

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Owensville 0370 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in 1b 6 wks.	d. STREET ADDRESS (If outside, give location) Rural Route Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Frank Last Houska			4. DATE OF DEATH Month August Day 30 Year 1958
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 9, 1885
9. AGE (In years at birthday) 75	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Chicago, Illinois. 1
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Houska	
13b. MOTHER'S MAIDEN NAME Mary Triska		14. NAME OF HUSBAND OR WIFE Julia A. Scego Houska	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 496-40-7767	17. INFORMANT Address Mrs. Julia Houska Owensville, 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) Pulmonary Embolism			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9040 21
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture, left femur, intertrochanteric			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell in his home		
20c. TIME OF INJURY Hour _____ m. _____ p. 7/15/58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Owensville, Gasconade Mo		
21. I attended the deceased from performed autopsy and last saw him alive on Aug. 30, 1958 Death occurred at 3:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John W. Ryan M.D. 0	
22b. ADDRESS Washington Mo		22c. DATE SIGNED 9-2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-2-1958	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo.
24. FUNERAL DIRECTOR Wilford H H Winter Owensville		25. DATE RECD BY LOCAL REG. 9/2/58	26. REGISTRAR'S SIGNATURE F. P. Sulmann G. P. Sulmann

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 23 1958

0961 7 7 100

MAY 26 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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Myford H H Winter

Licensed Embalmer No. 3138

P. O. Address OWENSVILLE

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.