

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039096

STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>CALDWELL</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GENTRY</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BRAYMER</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>STANBERRY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BRAYMER CLINIC</b>		Length of stay in lb <b>1 HOUR</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>GORDON</b> Middle <b>PAUL</b> Last <b>HOUSTON</b>			4. DATE OF DEATH Month <b>NOV.</b> Day <b>14</b> Year <b>1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9/1/1902</b>	9. AGE (In years last birthday) <b>56</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	11. BIRTHPLACE (City and state or country) <b>STANBERRY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>GEORGE W. HOUSTON</b>			14. MOTHER'S MAIDEN NAME <b>HELEN E. SHULLENBERGER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> <b>NO NR</b>		16. SOCIAL SECURITY NO. <b>LOST</b>	17. INFORMANT Address <b>STANBERRY, MO.</b> <b>GEORGE D. HOUSTON,</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> <b>Coronary Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hours</b>
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"/> <b>2</b>
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.) <b>---</b>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____		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.) <b>---</b>		20f. CITY, TOWN, OR LOCATION <b>---</b>		COUNTY _____	STATE _____
21. I attended the deceased from _____ to <b>Nov. 14, 1958</b> and last saw <sup>free</sup> him alive on <b>Nov. 14, 1958</b> . Death occurred at <b>2 45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. E. Goldberg M. D.</b> (Degree or title)			22b. ADDRESS <b>Braymer, Mo.</b>		22c. DATE SIGNED <b>11/14/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>Nov. 14, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HIGH RIDGE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>STANBERRY, MO.</b>	
24. FUNERAL DIRECTOR <b>MICHAEL FUNERAL HOME, BRAYMER, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 16, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Ruth Ann J. Jorgensen</b>	

(Licensed Embalmer's Statement on Reverse Side)

Causes 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

DEC 8 1909

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 *Leimb. Michael*

Licensed Embalmer No. *42*

P. O. Address *Braym*

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.