

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008406
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 164

300
-57

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemisscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>HAYTI</u> 0780 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Ellis's Fibroid STATE CANCER HOSPITAL</u>		Length of stay in 1b <u>15 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>ROUTE #one Box 115</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>James Houston</u>			4. DATE OF DEATH Month Day Year <u>April 4, 1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 24, 1906</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days <u>0 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>CLAYBORN, LA.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Phil Houston</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>MARThy Houston</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>HOSPITAL Record Columbia, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic renal Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Nephrosclerosis, chronic</u>		
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Cardiovascular Disease</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.) <u>442x</u>		
20c. TIME OF INJURY Hour Month, Day, Year 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 March 20, 1959 to April 4, 1959 and last saw ^{her}him alive on April 4, 1959
Death occurred at 11 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>E. J. Scheune M.D.</u>	22b. ADDRESS <u>State Cancer Hosp.</u>	22c. DATE SIGNED <u>4-4-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	23b. DATE <u>4-19-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concord, Annapolis, Concord, MD</u>	23d. LOCATION (City, town, or country) (State) <u>Concord, MD</u>
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24. FUNERAL DIRECTOR <u>L. Smith</u>	ADDRESS <u>HAYTI 116</u>	25. DATE RECD. BY LOCAL REG. <u>April 10 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diagnoses in Part I must be causally related.

APR 30 1959

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. 2627 working under my personal supervision.

Student
Signature of Student Embalmer

Signed SA Hill

Licensed Embalmer No. 2627
P. O. Address Hill's 1007 N.E.

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.