

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008989
STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 19

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300
1-57
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1. PLACE OF DEATH a. COUNTY GASCONADE		5. 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 HERMANN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rosebud 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 207 Sch. LLER		Length of stay in lb 2 min.	d. STREET ADDRESS (If outside, give location) Rural Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Thomas Middle Houston Last Houston			4. DATE OF DEATH Month March Day 14 Year 1959	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1889	9. AGE (In years last birthday) 70	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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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) Lemons, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William R. Houston	13b. MOTHER'S MAIDEN NAME Eliza Dickson	14. NAME OF HUSBAND OR WIFE Rose Lockhart Houston
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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. 494022-0704	17. INFORMANT William R. Houston	Address Rosebud, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE PEPTIC ULCER 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 5400
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 HERMANN Mo	COUNTY Mo	STATE Mo
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21. I attended the deceased from _____ to _____ and last saw her alive on 3/14/59 Death occurred at 11:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Deepest Danner (Degree or title) CORONER	22b. ADDRESS HERMANN Mo	22c. DATE SIGNED 3/14/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-18-1959	23c. NAME OF CEMETERY OR CREMATORY St. Johns Lutheran Cem.	23d. LOCATION (City, town, or county) (State) near Drake, Mo.
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24. FUNERAL DIRECTOR Milford H H White	ADDRESS OWENSOILE	25. DATE RECD. BY LOCAL REG. 3-17-59	26. REGISTRAR'S SIGNATURE Delma Uffelman
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, venous, etc. must use only standard nomenclature in item 10. no symptoms will be listed. All diseases in Part I must be causally related.

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 Melford H. Wint.....

Licensed Embalmer No. 3838

P. O. Address OWERSVILLE

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.