

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012953

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 360A

1. PLACE OF DEATH a. COUNTY GREENE		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 5-8-1920		9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		11. BIRTHPLACE (City and state or country) CLEAR SPRINGS MO		12. CITIZEN OF WHAT COUNTRY? USA											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN DES MOINES		8148 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1802 LINCOLN AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Middle Last TILDON BLAINE HOUSTON		4. DATE OF DEATH Month Day Year 4-4-1959		13a. FATHER'S NAME OLIVER HOUSTON		13b. MOTHER'S MAIDEN NAME EASTER SWEAKER		14. NAME OF HUSBAND OR WIFE -							
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) EVANGEL College Home Campus		Length of stay in lb -		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) CLEAR SPRINGS MO		12. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 4-1942-10-1945		16. SOCIAL SECURITY NO. 442095477		17. INFORMANT HESTER DOWNEY-SPRINGFIELD MO Address 90 EVANGEL COLLEGE		13a. FATHER'S NAME OLIVER HOUSTON		13b. MOTHER'S MAIDEN NAME EASTER SWEAKER		14. NAME OF HUSBAND OR WIFE -					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA, COLON E		DUE TO (b) GENERALIZED METASTASES		DUE TO (c) -		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.) 1527		20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 FEB. 1959 , to DEATH and last saw him alive on 19 MAR. 1959 Death occurred at 9⁰⁰ PM 4-4-59 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Jerry N. Allen M.D.		22b. ADDRESS Springfield mo		22c. DATE SIGNED 4-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-7-1959		23c. NAME OF CEMETERY OR CREMATORY HOUSTON RURAL		23d. LOCATION (City, town, or county) (State) NE. WILLOW SPRINGS MO		24. FUNERAL DIRECTOR L. J. Evans Houston, MO		ADDRESS		25. DATE RECD. BY LOCAL REG. 4-20-59		26. REGISTRAR'S SIGNATURE Effie G. Melton													

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

300
1-57

35

JUN 10 1959
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STATEMENT BY LICENSED EMBALMER

APR 28 1959

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 *Lowell C. Craig*

Licensed Embalmer No. *4766*

P. O. Address *Mtn. View Mo.*

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.