

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016970
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 47 Primary Registration District No. 5166 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP.		c. CITY OR TOWN Route 1 Fulton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Biggers Nursing H.		d. STREET ADDRESS Norht of Fulton	
Length of stay in lb 2 Yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) James Bell Houf	4. DATE OF DEATH May 9, 1959
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1863	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Callaway County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Jacob Houf	14. MOTHER'S MAIDEN NAME Eliza Jane Stultz
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yrs, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT James A. Houf R.1, Fulton, 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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) General Semitology 331X		

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.)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY Hour _____ 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 Callaway County, Mo.	COUNTY Callaway	STATE Mo.
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21. I attended the deceased from **5:45p.** to **May 9-1959** and last saw ~~him~~ ^{her} alive on **May 9-59**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. J. [Signature]	(Degree or title) 2	22b. ADDRESS [Address]	22c. DATE SIGNED 5-10-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Richland Baptist Cemetery	23d. LOCATION (City, town, or county) (State) Callaway County, Mo.
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24. FUNERAL DIRECTOR [Signature]	ADDRESS Fulton, Mo	25. DATE RECD. BY LOCAL REG. May-16-1959	26. REGISTRAR'S SIGNATURE [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disseminated in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FEB 24 1964

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 *Marshall C. Blackwell*

Licensed Embalmer No. *4*

P. O. Address *Fulton*

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.