

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020813

STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 93

Primary Registration District No.

Registrar's No. 59-47

1. PLACE OF DEATH a. COUNTY Dade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greenfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 7mi. N.W. Greenfield		Length of stay in 1b 2.2 months	d. STREET ADDRESS 7mi. N.W. (R.F.D.#2)		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Evalyn Middle Iona Last Houston			4. DATE OF DEATH Month June Day 26 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1909	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Lebo, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME L. Y. Esla Nickle		13b. MOTHER'S MAIDEN NAME Martha Rose Dishen		14. NAME OF HUSBAND OR WIFE Virgil D. Houston	
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. None	17. INFORMANT Mr. Virgil D. Houston; Greenfield, Mo. Address Rt #2		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Occlusion (Investigated by W.R. Gallion coroner of Dade County, Missouri) 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) Unattended by a Physician					INTERVAL BETWEEN ONSET AND DEATH Inst.
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.) by a Physician			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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. XXXXXXXXXX XX XXXXXXXXXX Death occurred at Approximately 4:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. C. Canada - Local Registrar (Name or title)			22b. ADDRESS Greenfield, Mo.		22c. DATE SIGNED 6/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove		23d. LOCATION (City, town, or county) (State) Dade County, Mo.
24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 6/26/1959		26. REGISTRAR'S SIGNATURE J. C. Canada	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *J. C. Canada*

Licensed Embalmer No. *4196*
P. O. Address *Greenfield, 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.