

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022469

STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 29.1 Primary Registration District No. Registrar's No. 38

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 221 N. 21 Street		Length of stay in 1b About 45 yrs.	d. STREET ADDRESS (If outside, give location) 221 N. 21 Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary E. Houston			4. DATE OF DEATH Month Day Year June 14, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 18 1866	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min. 4 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Putnam County, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James J. Clapper		13b. MOTHER'S MAIDEN NAME Martha Carder		14. NAME OF HUSBAND OR WIFE John T. Houston	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Gladys Flanagan Unionville, Mo. Address 221 N. 21 St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary heart failure</i> DUE TO (b) <i>Chronic myocarditis</i> DUE TO (c) <i>arteriosclerosis & hypertension</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senility</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
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 Death occurred at <i>June 4-56</i> to <i>June 14-59</i> and last saw her alive on <i>June 14-59</i> <i>11:10 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Chas. J. ...</i>		22b. ADDRESS Unionville, Missouri		22c. DATE SIGNED 6/15/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/16/59	23c. NAME OF CEMETERY OR CREMATORY Dickson Cemetery	23d. LOCATION (City, town, or county) (State) Putnam County, Missouri		
24. FUNERAL DIRECTOR <i>Constock Funeral Home</i> Address Unionville, Mo. 6-16-59		25. DATE RECD. BY LOCAL REG. 6-16-59	26. REGISTRAR'S SIGNATURE <i>Marshall Durbin</i>		

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 *John N. Comstock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.