

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1959

59-026235

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 161

DED

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Length of stay in 1b <b>12 days</b>	c. CITY OR TOWN <b>Prairie Hill</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>No. Edge of Prairie</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Sylvia</b> Middle <b>Carlyne</b> Last <b>Houston</b>			4. DATE OF DEATH Month <b>July</b> Day <b>23</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/12/1904</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Chariton Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Pat Courtney</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Horton</b>	
14. NAME OF HUSBAND OR WIFE <b>Joseph Worth Houston</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-38-3913</b>	
17. INFORMANT <b>Mr. Joe Houston, Salisbury, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> DUE TO (b) <b>Uremia</b> DUE TO (c) <b>Carcinomatosis (ovarian in origin)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b> <b>2 wks</b> <b>1 yr.</b>	
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.)			
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 <b>July 1958</b> to <b>July 23 1959</b> and last saw her <b>8</b> <b>A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Robert H. Young M.D.</b>			22b. ADDRESS <b>Woodland Hospital</b>		22c. DATE SIGNED <b>7-25-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Prairie Hill Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Prairie Hill, Mo.</b>
24. FUNERAL DIRECTOR <b>Chas. Winkelmeyer, Salisbury, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-25-59</b>		REGISTRAR'S SIGNATURE <b>Robert Young</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 10 1959

NOV 13 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas B Winkelman

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.