

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032724

FILED VS SEP 28 1959 150

Registration District No. _____ Primary Registration District No. 5572 Registrar's No. 209

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Linn	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Township		Length of stay in lb 2 hrs.	c. CITY OR TOWN Cedar Rapids
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Prairie Lee Lake		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 118-13th St. S.E.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Robert Middle J. Last Huston			4. DATE OF DEATH Month September Day 5, Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-21-1926	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IBM Tabulator	10b. KIND OF BUSINESS OR INDUSTRY Iowa Power & Light	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Robert Huston	13b. MOTHER'S MAIDEN NAME Bersabe Aldana	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korea	16. SOCIAL SECURITY NO. 500-20-2704	17. INFORMANT Mrs. Bersabe Huston, 4933 Troost, K.C.Mo.	Address
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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) <i>Death by Drowning</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (e), 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 (e)		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 form 18.) <i>Boat Turned Over in Lake</i>
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20c. TIME OF INJURY Hour _____ m. _____ p.m. <i>9-5 59</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Lake</i>	20f. CITY, TOWN, OR LOCATION <i>Jackson MO</i>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Melody McGilley Eylar</i>	(Degree or title)	22b. ADDRESS <i>Corner 1034 Realty Bldg</i>	22c. DATE SIGNED <i>9-24-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-26-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery</i>	23d. LOCATION (City, town, or county) <i>Kansas City, Missouri</i>
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24. FUNERAL DIRECTOR <i>Melody-McGilley-Eylar, 20 W. Linwood</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>9-24-1959</i>	26. REGISTRAR'S SIGNATURE <i>M.B. Langford</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 9 1959

OCT 19 1959

OCT 27 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 W. J. Bentley

Licensed Embalmer No. 5038

P. O. Address K. E. Co.

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.