

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035678

FILED VS NOV 4 1959

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 78

ENDED

1. PLACE OF DEATH a. COUNTY DENT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY REYNOLDS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALEM		Length of stay in 1b 7 MONTHS	c. CITY OR TOWN Rural-Jackson Twsp Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KNOX NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) P.O. Reynolds, Mo Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ARTHUR Middle HENRY Last HOUSER			4. DATE OF DEATH Month OCT. Day 26 Year 1959		
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5. SEX MALE	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 12/2/1876	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET)	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) ASHLEY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME IRA T. HOUSER	13b. MOTHER'S MAIDEN NAME UNKNOWN STEPHENS	14. NAME OF HUSBAND OR WIFE CORDELIA HAWN
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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) NO	16. SOCIAL SECURITY NO. 333-16-5228A	17. INFORMANT Address IVAN HOUSER Reynolds, 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) Cerebro-vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ATHERIOSCLEROSIS	
	DUE TO (c) Senility - Hypertensive	
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from **1959** to **Oct 26, 1959** and last saw her/him alive on **Oct 26, 1959**.
Death occurred at **12:05 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph R. Burnett Do (Degree or title)	22b. ADDRESS Patou Museum	22c. DATE SIGNED 10-31-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10/26/1959	23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY	23d. LOCATION (City, town, or county) (State) ASHLEY ILLINOIS
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24. FUNERAL DIRECTOR ADDRESS MAX L. WARFEL SALEM, Mo	25. DATE RECD. BY LOCAL REG. 10/26/59	26. REGISTRAR'S SIGNATURE MM Hart, M. D. by am
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, N.C.

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.