

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041348

FILED VS NOV 20 1959

294

3006

258

STATE FILE NUMBER

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

INDEXED

65/51/21

1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Length of stay in 1b <u>1 hr</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> c. CITY OR TOWN <u>Prairie Hill</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>West edge Prairie H.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Worth Houston</u>				4. DATE OF DEATH Month Day Year <u>Nov. 5, 1959</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/24/04</u>		9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>State Hi-way Dept.</u>				11. BIRTHPLACE (City and state or country) <u>Prairie Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Cyrus Fletcher Houston</u>				13b. MOTHER'S MAIDEN NAME <u>Fannie Colley</u>				14. NAME OF HUSBAND OR WIFE <u>Sylvia Carlyne Houston</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>493-38-3824</u>		17. INFORMANT Address <u>Mr. Noel Keith Houston, Mo.</u>		<u>Rt 1 Trimble</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe intracranial injury</u> 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) _____ 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 <u>2 hrs.</u>			
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 item 18.) <u>Struck in head by tree on boom</u>									
20c. TIME OF INJURY <u>2:30 p.m.</u>		Month, Day, Year <u>Nov. 5-59</u>		20d. INJURY OCCURRED WHILE AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public road</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>North Salisbury Chariton Mo.</u>					
21. I attended the deceased from <u>3pm Nov 5 59</u> to <u>3:50pm Nov 5 59</u> and last saw her/him alive on <u>5 Nov 1959</u> Death occurred at <u>3:50 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Type or print) <u>[Signature]</u> M.D.						22b. ADDRESS <u>Moberly, Missouri</u>			22c. DATE SIGNED <u>6 Nov 59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11/8/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>						
24. FUNERAL DIRECTOR ADDRESS <u>Chas. B. Winkelmeier, Salisbury, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>11-8-59</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>						

(Licensed Embalmer's Statement on Reverse Side)

INDEXED

020-30-30-663

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

SA NOV 20 1959

SA NOV 25 1959

SA NOV 23 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, A

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.