

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005638

FILED VS: MAR 1 1960

STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 3017 Registrar's No. 37

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>Glasgow</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>107-4<sup>th</sup> Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA Lucille Houston</u>			4. DATE OF DEATH Month Day Year <u>Feb. 13, 1960</u>		
5. SEX <u>Female</u>	COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 8, 1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Steinitz Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Salayette Woods</u>		14. MOTHER'S MAIDEN NAME <u>Hannah Adams</u>	
15. NAME OF HUSBAND OR WIFE <u>Ed Houston</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>Not available</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>PNEUMONIA- RIGHT LOWER LOBE</u>		DUE TO (b) <u>POSSIBLE FRIEDLANDERS BACILLUS WITH CONJESTIVE FAILURE</u>		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC HEART DISEASE WITH CONJESTIVE FAILURE</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>4 OR 5 DAYS PRIOR TO HOSPITALI</u>	
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.) <u>NO INJURY - SEE ABOVE</u>	
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	
21. I attended the deceased from <u>2/10/60</u> to <u>2/13/60</u> and last saw her/him alive on <u>2/13/60</u> . Death occurred at <u>1:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>William C. Abel MD</u>		22b. ADDRESS <u>329 MAIN, BOONVILLE, MISSOURI</u>		22c. DATE SIGNED <u>2/25/60</u>	
23. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23a. DATE <u>Feb. 15, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	
23d. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/25/60</u>		26. REGISTRAR'S SIGNATURE <u>W. Cooper</u>	
24. FUNERAL DIRECTOR <u>Friemuth Funeral Service</u>		ADDRESS <u>Glasgow Mo.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1981  
MAY 2 1978

**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 *W. J. Friemuth*

Licensed Embalmer No. 3978  
P. O. Address Glasgow,

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.