

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010371

FILED VS MAR 21 1960

92

Primary Registration District No. **3017**

Registrar's No. **6059**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY COOPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN									
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN BOONEVILLE		Length of stay in 1b 3 Wks.		c. CITY OR TOWN HAWCREEK Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RR# 2 STOVER MO		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First EMMA Middle CAROLINE Last HOUGHENS				4. DATE OF DEATH Month MARCH Day 13 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH FEB. 26 1889		9. AGE (last birthday) 73		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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY FARM			11. BIRTHPLACE (City and state or country) MORGAN Co. Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME HERMAN LEMKA				13b. MOTHER'S MAIDEN NAME JANE SCHUPP				14. NAME OF HUSBAND OR WIFE FRANK HOUGHENS					
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. NONE		17. INFORMANT Address FRANK HOUGHENS STOVER MO.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH ± 3 weeks unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary abscess								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					
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 _____ s.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 2-18-60 to 3-13-60 and last saw her/him alive on 3-12-60 Death occurred at 3:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) B. M. Stuart M.D.						22b. ADDRESS 329 Main, Bonville				22c. DATE SIGNED 3/18/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 15 1960		23c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY			23d. LOCATION (City, town, or county) STOVER			23e. STATE Mo.			
24. FUNERAL DIRECTOR J. H. Swinson Stover Mo				25. DATE RECD. BY LOCAL REG. 3/18/60		26. REGISTRAR'S SIGNATURE D. Hooper							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAD 29, 1960

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

J. L. Stevinson

Licensed Embalmer No. 407

P. O. Address Stover

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.