

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016373

FILED VS APR 20 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 74

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Steelville</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>Phelps Co. Mem. Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence Wesley Housewright</u>			4. DATE OF DEATH Month Day Year <u>4 10 60</u>		5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-17-1898</u>		9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>9 23</u>		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Steelville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>J. T. Housewright</u>			13b. MOTHER'S MAIDEN NAME <u>MARY GRVATT</u>			14. NAME OF HUSBAND OR WIFE <u>R. S. D. 2</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>498-09-6427</u>		17. INFORMANT <u>Mrs. Wm. McDole</u>		Address <u>steelville, Mo.</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>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crushing injury upper left and thorax</u> DUE TO (c) <u>and Throat</u>							INTERVAL BETWEEN ONSET AND DEATH		
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 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>Caught in fertilizer spreader</u>					
20c. TIME OF INJURY <u>4:14/60</u> Hour Month, Day, Year <u>4 4 60</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>farm</u>		20f. CITY, TOWN, OR LOCATION <u>Crawford Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>4-4-60</u> to <u>4-10-60</u> and last saw <u>her</u> alive on <u>4-10-60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) <u>Wm R. Stoll</u>				22b. ADDRESS <u>Rolla Mo</u>				22c. DATE SIGNED <u>4/10/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-13-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Barnicle Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Crawford Co. Mo.</u>			
24. FUNERAL DIRECTOR <u>Harry M. Jonas</u>			ADDRESS <u>Steelville</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 11, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 21 1960

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 *Henry M. Jones*

Licensed Embalmer No. 2628

P. O. Address Steelville

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.