

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 9 1960

-60-016388

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 5945 Registrar's No. 29

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dillon Twp</b>		Length of stay in 1b		c. CITY OR TOWN <b>Dillon Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Houser</b> Last				4. DATE OF DEATH <b>April 28, 1960</b> Month <b>April</b> Day <b>28</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 30 1877</b>		9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>			11. BIRTHPLACE (City and state or country) <b>Germany</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>John Houser</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Placing</b>				14. NAME OF HUSBAND OR WIFE <b>Mary</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Augusta Ellis St. James, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Degenerative Cardiac disease</b> 10 yrs DUE TO (b) <b>Hypertension</b> 15 yrs DUE TO (c) <b>Arteriosclerosis</b> 5										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 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 Month, Day, Year a.m. p.m.		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 <b>4-15-60</b> to <b>4-28-60</b> and last saw him alive on <b>4-27-60</b> Death occurred at <b>8:00 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>J. B. Stucker M.D.</b> (Degree or title)						22b. ADDRESS <b>St James Mo</b>			22c. DATE SIGNED <b>4-30-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)					
<b>Burial</b>		<b>4/30/1960</b>		<b>Oak Hill Cemetery</b>				<b>Taylorville, Illinois</b>					
24. FUNERAL DIRECTOR ADDRESS <b>Joe Shafer, Taylorville, Ill</b>					25. DATE RECD. BY LOCAL REG. <b>4-30-1960</b>		26. REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>						

BY AFFIDAVIT OF

JUL 13 1964

STATEMENT BY LICENSED EMBALMER

MAY 12 1964

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 C. Jesse Gabe

Licensed Embalmer No. 4486

P. O. Address St. James

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.