

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 25 1960

=60-018862

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. _____ Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jamesport</u>		Length of stay in lb <u>84 yrs.</u>	c. CITY OR TOWN <u>Jamesport</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>F.</u> Last <u>HOUSTON</u>			4. DATE OF DEATH Month <u>APR.</u> Day <u>28</u> Year <u>1960</u>	
--	--	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Mar 20 - 1876</u>	9. AGE (last birthday) <u>84</u>	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) <u>Farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lack Spring Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>James Houston</u>	13b. MOTHER'S MAIDEN NAME <u>Glennia French</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased.</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>721-05-3983</u>	17. INFORMANT <u>Jewell Houston</u> Address <u>Jamesport Mo.</u>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Uremia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Glomerular Nephritis</u>	
DUE TO (c) <u>Prostatism - Urinary Retention</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis.</u>		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 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 _____ 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 Feb 2 - 60 to Apr 25 60 and last saw him April 28 - 60
 Death occurred at 8:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. B. Balan</u> (Degree or title) <u>DO</u>	22b. ADDRESS <u>Jamesport Mo</u>	22c. DATE SIGNED <u>May 60</u>
---	----------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr 30 - 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lack Spring</u>	23d. LOCATION (City, town, or county) (State) <u>Lack Spring Mo.</u>
---	--------------------------------	---	--

24. FUNERAL DIRECTOR <u>Chris L. Reherson</u> ADDRESS <u>Jamesport</u>	25. DATE RECD. BY LOCAL REG. <u>18 May 1960</u>	26. REGISTRAR'S SIGNATURE <u>Wiggin Engelhart</u>
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS
MAR 3
1968

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 O. L. Roberson

Licensed Embalmer No. 324K

P. O. Address Jamesport

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.