

URIAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023669

FILED VS. JUN 17 1960 174

Primary Registration District No. 3035

Registrar's No. 55

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Lafayette b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2108 Aull Lane				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette c. CITY OR TOWN Lexington d. STREET ADDRESS (If outside, give location) 2108 Aull Lane Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) MARY HOUSTON First Middle Last				4. DATE OF DEATH May 28, 1960 Month Day Year									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH APRIL 1, 1876		9. AGE (last birthday) 84		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 own home		11. BIRTHPLACE (City and state or country) Kentucky				12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME Samuel Markland				13b. MOTHER'S MAIDEN NAME Sarah Ewell				14. NAME OF HUSBAND OR WIFE John L. Houston (dec)					
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 Mrs. Clarence Class Lex. Mo. Address							
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 degeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic hypertension - DUE TO (c) Chronic Arteriosclerosis.										INTERVAL BETWEEN ONSET AND DEATH 48 hrs 12 years 20 yrs.			
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 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 April - 1948 to 5/28/60 and last saw her live on May 29 - 60 Death occurred at 8:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Dr. John C. Beltran (Degree or title) D.O.				22b. ADDRESS Lexington, Mo.				22c. DATE SIGNED 6-3-60					
23a. BURIAL, CREMATION, REBURY (Specify) Burial		23b. DATE 5/30/60		23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery				23d. LOCATION (City, town, or county) Marshall, Mo. (State)					
24. FUNERAL DIRECTOR Harold W. Walker Lexington Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 6-3-60		26. REGISTRAR'S SIGNATURE					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 17 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington

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.