

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004534

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 4

AMENDED

FILED VS FEB 23 1961

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill</u>		Length of stay in lb <u>2 1/2 yrs</u>	c. CITY OR TOWN <u>Rich Hill</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1315 E Park Ave</u>
3. NAME OF DECEASED (Type or print) First <u>Rosa</u> Middle <u>Viola</u> Last <u>Houston</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>28</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>May 9, 1870</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9c. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months <u>90</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	10c. BIRTHPLACE (City and state or country) <u>Freeport, Ill</u>
10d. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		11. BIRTHPLACE (City and state or country)	
13a. FATHER'S NAME <u>Hayes Sanderson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Harmon</u>	
13c. NAME OF HUSBAND OR WIFE <u>James Houston</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Arlene Houston</u>		Address <u>Indy 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>Hyperextended neck</u> DUE TO (b) <u>fall</u> DUE TO (c) <u>fall</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
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 <u>11:15</u> a.m. <u>11:15</u> p.m.	Month, Day, Year <u>Feb 19 1961</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Rich Hill</u>	COUNTY <u>Bates</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>Feb 17 4:25</u> to <u>Feb 19 1961</u> last saw her <u>alive</u> <u>Feb 19 1961</u> Death occurred at <u>Rich Hill</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Roland K. Speaks M.D.</u>		22b. ADDRESS <u>Rich Hill Mo</u>	22c. DATE SIGNED <u>Feb 19 1961</u>
23a. FUNERAL CREMATION, REMOVAL (Specify) <u>Funeral</u>	23b. DATE <u>Feb 19 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Home</u>	23d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
24. FUNERAL DIRECTOR <u>Roland K. Speaks</u>		25. DATE RECD. BY LOCAL REG. <u>2/21/61</u>	26. REGISTRAR'S SIGNATURE <u>Ruby Yarick</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Poland B. Spender

Licensed Embalmer No. 3604

P. O. Address Indy, Mo

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.