

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014393

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3029 Registrar's No. \_\_\_\_\_

AMENDED

**FILED MAY 8 1961**

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline, Mo.,</u>	Length of stay in lb <u>4 days</u>	c. CITY OR TOWN <u>Brookfield.</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>420 Smith</u>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>H</u> Last <u>Houk</u>	4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1961</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 30 1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A.R. Express</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Adams Express</u>	11. BIRTHPLACE (City and state or country) <u>Utica Mo.,</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Thomas Houk</u>	13b. MOTHER'S MAIDEN NAME <u>Unkn.</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Houk.</u>
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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.	17. INFORMANT Address <u>Mrs John Houk. Brookfield.</u>
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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>Aspiration Pneumonia, Cardiac Arrest</u> DUE TO (b) <u>Carcinoma of left mandible, treated with</u> DUE TO (c) <u>radical dissection and radiation therapy 1957</u> Interval between onset and death <u>1 wk.</u> <u>4 years</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 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.)
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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
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21. I attended the deceased from <u>1957</u> to <u>death</u> and last saw <u>her</u> alive on <u>2 May '61</u> Death occurred at <u>11:00 A m</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Glennon A. Horner, M.D.</u>	22b. ADDRESS <u>Marceline, Mo</u>	22c. DATE SIGNED <u>4 May '61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 6, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Michael's</u>	23d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.,</u>
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24. FUNERAL DIRECTOR ADDRESS <u>H. Ives Bowden Brookfield, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 4 - 61</u>	26. REGISTRAR'S SIGNATURE <u>Armed W. Watson</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

1961 JUN 13 1961

**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 Gerald I. Wady

Licensed Embalmer No. 4172

P. O. Address Brown

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.