

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018398

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 19

FILED MAY 25 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Newton</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stella</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>McDonald</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Memorial Hosp.</u>	Length of stay in 1b <u>2 Weeks</u>	c. CITY OR TOWN <u>2 Miles (S.E.) of STELLA</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Inside Limits Yes <input checked="" 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>ALLIE</u>	Middle <u>Grover</u>	Last <u>HOUSER</u>	4. DATE OF DEATH	Month <u>Feb.</u>	Day <u>4</u>	Year <u>1961</u>
-------------------------------------	-----------------------	-------------------------	-----------------------	------------------	----------------------	-----------------	---------------------

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>9-29-1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Akron Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Lewis F. Houser</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Utter</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Ora HOUSER</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Bertha Houser, Stella 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 myocardial decompensation 2 day</u>	
DUE TO (b) <u>acute uremia due to hemorhage</u>	
DUE TO (c) <u>due to intestinal carcinoma</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></u> a.m. <u></u> p.m. <u></u>	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 1/21/61 to 2/4/61 and last saw her/him alive on 2/4/61
Death occurred at 7:25 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Rocky Comfort, MO</u>	22c. DATE SIGNED <u>4-24-61</u>
--------------------------------------	--------------------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-6-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort, Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, Missouri</u>
--	------------------------------	--	---

24. FUNERAL DIRECTOR <u>Wm Morris Tague</u>	ADDRESS <u>Wheaton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Mered Moberly</u>
--	--------------------------------	--	---

DATE AMENDED

INSTEAD OF

ITEM NO. 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

James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.