SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-022151
STATE FILE NUMBER

AMENDED

FILED JUL 6 1961

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana — Length of stay in 1b 24 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Louisiana — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 207 Tennessee St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Joel Middle: Robert Last: Houchins
4. DATE OF DEATH Month: June Day: 28, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: June 6, 86
9. AGE (last birthday): 75 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and state or country): Pike Co. Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joel Rowley Houchins
13b. MOTHER'S MAIDEN NAME: Dialtha Kimes
14. NAME OF HUSBAND OR WIFE: Jennie Houchins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Mrs. Gentry McMahill, Louisiana, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Azotemia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Anuria — 4 days
DUE TO (c) Pyelonephritis — 10 days
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1958, to 6/27/61 and last saw him alive on 6/26/61
Death occurred at 1:37 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas F. Lunellen (Degree or title) M.D.
22b. ADDRESS 122 S.3rdSt.Louisiana,Mo.
22c. DATE SIGNED 7/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 30, 1961
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Louisiana, Missouri

24. FUNERAL DIRECTOR ADDRESS: Geo. M. Collier, Louisiana, Mo.
25. DATE RECD. BY LOCAL REG.: July 2-61
26. REGISTRAR'S SIGNATURE: Bruce Collier

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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 Geo M. Collie

Licensed Embalmer No. 3839

P. O. Address Louisiana

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.