

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040543

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 86 Primary Registration District No. 4149 Registrar's No. 20-1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED DEC 8 1961**

1. PLACE OF DEATH  
 a. COUNTY CRAWFORD  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CUBA Length of stay in 1b 2 DAYS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SENIOR CITIZENS NURSING HOME Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
 a. STATE MISSOURI b. COUNTY CRAWFORD  
 c. CITY OR TOWN STEELVILLE Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
PHILLIP BURTON HOUSTON  
 4. DATE OF DEATH Month Day Year  
NOV. 27-1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-5-1874 9. AGE (last birthday) 87  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE CLERK 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) STEELVILLE, MO. U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME RUFUS HOUSTON 13b. MOTHER'S MAIDEN NAME MARISSA SMITH 14. NAME OF HUSBAND OR WIFE MARY HOUSTON

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. - 17. INFORMANT Address EFFIE HULSEY-SULLIVAN, MO.

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 Heart Failure INTERVAL BETWEEN ONSET AND DEATH Minutes  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myocardial Infarction 1 Hour  
 DUE TO (c) Arterio sclerotic Ht. Disease years  
 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 Month, Day, Year  
 a.m. p.m.

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 26 Nov 61 to 27 Nov 61 and last saw her alive on 27 Nov 61  
 Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W. Huff MD 22b. ADDRESS Boonville MO 22c. DATE SIGNED 30 Nov 61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 11-30-1961 23c. NAME OF CEMETERY OR CREMATORY BARNICLE CHAPLE CRAWFORD Co. MO. 23d. LOCATION (City, town, or county) (State)  
Thomas S. Halbert - STEELVILLE, MO. 12-4-1961 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Paul J. Hamilton

**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 Thomas S. Halbert

Licensed Embalmer No. 4337  
P. O. Address STEELVILLE

**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.