

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016298
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 27

FILED APR 24 1962

VS 300
Rev. 4/59

1 0810
2 0280
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4 1
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7 0
8 2
9 153.8
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11
12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>PHELPS</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. JAMES</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>CRAWFORD</u>
Length of stay in 1b <u>3 MONTHS</u>		c. CITY OR TOWN <u>STEELVILLE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SOLDIERS HOME</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>ANNIE</u>	Middle <u>SUSAN</u>	Last <u>HOUSEWRIGHT</u>	Month <u>APRIL</u>	Day <u>16</u>	Year <u>1962</u>
5. SEX <u>FEMALE</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>6-8-1888</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </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> </u>	11. BIRTHPLACE (City and state or country) <u>STEELVILLE, MO. USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>SUGET JONES</u>		13b. MOTHER'S MAIDEN NAME <u>M. ALISSA NICHOLSON</u>		14. NAME OF HUSBAND OR WIFE <u>SANFORD HOUSEWRIGHT</u>	
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. <u>NONE</u>	17. INFORMANT <u>GRACE WRIGHT - STEELVILLE, MO.</u> Address		

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>Carcinoma colon</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized metastases</u>	
	DUE TO (c) <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 checked="" 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> Month, Day, Year <u> </u>		
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 <u>Nov 1961</u> to <u>April 16, 1962</u> and last saw her alive on <u>April 16, 1962</u> Death occurred at <u>12-15</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Name or title) <u>Harriet M. Ruth MD</u>		22b. ADDRESS <u>Call, Mo</u>	22c. DATE SIGNED <u>4/17/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT POINT Cem. CRAWFORD COUNTY - MO.</u>	
24. FUNERAL DIRECTOR <u>THOMAS S. HALBERT - STEELVILLE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-1962</u>	26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 26 1962

Permit issued 4-17-62 R.R.

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. 4332

P. O. Address Steville, 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.