

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047807
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 1

FILED JAN 7 1963	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Nodaway</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>	Length of stay in 1b <u>3 weeks</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>	Inside Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
	d. STREET ADDRESS (If outside, give location) <u>none</u>
	Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No

3. NAME OF DECEASED (Type or print) First Middle Last <u>LETHA (None) HUSTON</u>			4. DATE OF DEATH Month Day Year <u>December 26, 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-11-74</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.
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>Home</u>		11. BIRTHPLACE (City and state or country) <u>Pacific Junction Ia</u>	
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13a. FATHER'S NAME <u>Hiram Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Hutcheson</u>	
14. NAME OF HUSBAND OR WIFE <u>William P Huston</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>Mrs Wilma Hill Burl. Jct 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 <u>8 days</u>	

IMMEDIATE CAUSE (a) <u>C.V. Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Arteriosclerosis</u>	
	DUE TO (c)	
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.)
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

21. I attended the deceased from 1954 to Dec. 26, 1962 and last saw her/him alive on Dec. 26, 1962
Death occurred at about 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) <u>B.R. Wenzel M.D.</u>	22b. ADDRESS <u>Maryville, Mo</u>	22c. DATE SIGNED <u>12/29/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/28/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>
23d. LOCATION (City, town, or county) <u>Burlington Jct Mo</u>	24. FUNERAL DIRECTOR <u>J.R. Hays</u>	25. DATE RECD. BY LOCAL REG. <u>12-29 62</u>
24. ADDRESS <u>Burlington Jct Mo</u>	26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

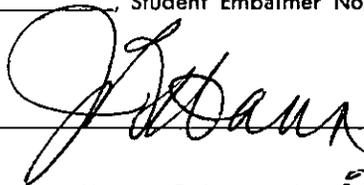
VS 300 Rev. 4/59
0745
20740
3
4 0
5 2
6
7 1
8 0
9332X
10
11
12-0
13 1-0

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 _____



Licensed Embalmer No. 2968

P. O. Address Burlington 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.