

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047862

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 192

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 23 1963

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains, Missouri</u>		Length of stay in 1b	c. CITY OR TOWN <u>West Plains</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>005 Webster</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7005 Webster</u>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>Frances</u> Last <u>Huston</u>			4. DATE OF DEATH Month <u>12</u> Day <u>12</u> Year <u>1963</u>		
5. SEX <u>Female</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>12-26-1874</u>	9. AGE (last birthday) <u>88 Years</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		11. BIRTHPLACE (City and state or country) <u>Howell County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Stillman Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Daniels</u>		14. NAME OF HUSBAND OR WIFE <u>L. A. Huston</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Louise Mc Callon, West Plains, Mo.</u>	
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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>2 WEEKS</u>
IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DIS.</u>			
DUE TO (b) <u>GENERALIZED 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) <u>SENILITY</u>		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	
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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.)	
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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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
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21. I attended the deceased from 1954 to 1963 and last saw her alive on 12-11-63
Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) <u>Jack D. Wiley, MD West Plains, Mo</u>		22b. ADDRESS		22c. DATE SIGNED <u>12-17-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-15-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains, Missouri</u>	
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24. FUNERAL DIRECTOR ADDRESS <u>Robertson Funeral Home W.P., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-19-63</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	1	2	3	4	5	6	7	8	9	10	11	12	13
	<u>0465</u>	<u>0465</u>		<u>1</u>	<u>2</u>		<u>0</u>	<u>2</u>	<u>94200</u>		<u>70-0</u>	<u>131-0</u>	

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 *R. Robertson*

Licensed Embalmer No. 3442

P. O. Address _____

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.