

S. No. 2  
DM-2.43  
v. 5-17-39  
P-1 X35697

DEPARTMENT OF COMMERCE  
HEALTH DIVISION  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27474

Registration District No. 137 Primary Registration District No. 8509 Registrar's No. 156

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton Riv. Sec Creek Sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton RFD #6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Clinton (Gural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #6 - Sec Creek Sup.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Thomas Jefferson Houston  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased March 14 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Henry Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Bayard T. Houston  
13. Birthplace Wilmington Del.  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Jane Adams  
15. Birthplace Ry. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Gural  
(b) Address Clinton Mo. RFD #6

17. (a) Burial (b) Date thereof 8-14-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place, burial or cremation Englewood Clinton Mo.

18. (a) Signature of funeral director Spade + Son  
(b) Address Clinton Mo.  
(c) Aug 13 (d) Nyette Brocaccia  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 8 day 11  
year 1945 hour 11 minute 0 P. M.  
21. I hereby certify that I attended the deceased from 6-21 1945 to 8-11 1945  
that I last saw him alive on 8-11 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema  
Due to Mitral Disease  
Due to.....  
Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations None  
Of autopsy None  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?..... (Specify type of place) (e) Means of injury 0  
23. Signature E. C. Pielor M.D. (M. D. or other) 0  
Address Clinton Mo. Date signed 8/13/45

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 71

District File Number 8-40-901

Date Filed 9-6-40

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, W. L. Bausant

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3779

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

embalmed, fact should be so stated above.