

FILED OCT 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33668

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 235

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|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> | c. LENGTH OF STAY (in this place) <u>()</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>()</u> | |

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|--|-----------------------------|-------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Minnie</u> | b. (Middle) <u>-</u> | c. (Last) <u>Huston</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 13-1949</u> |
|--|-----------------------------|-------------------------|----------------------------|--|

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|--------------------|----------------------------------|--|---|--|------------------------|----------------------|-------------------------|------------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan. 5, 1873</u> | 9. AGE (In years last birthday) <u>76</u> | 10. MONTHS <u>9</u> | 11. DAYS <u>8</u> | 12. HOURS <u>()</u> | 13. MIN. <u>()</u> |
|--------------------|----------------------------------|--|---|--|------------------------|----------------------|-------------------------|------------------------|

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|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---|--|---|
| 13a. FATHER'S NAME <u>Ben Elbert</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Robinson</u> | 14. NAME OF HUSBAND OR WIFE <u>Edward - 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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ann Perdue</u> | ADDRESS <u>Clinton, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause undetermined</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | 5705 | |

| | | |
|---------------------------------------|---|---|
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------------|---|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE. (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>()</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>() () ()</u> |
|--|--|---|

| | | |
|---|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>() () () ()</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>()</u> |
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22. I hereby certify that I attended the deceased from Sept 12, 1945 to Oct 13, 1949, that I last saw the deceased alive on Oct 13, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

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|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>S. B. Hughes</u> | (Degree or title) <u>M.D. U.</u> | 23b. ADDRESS <u>Clinton, Mo.</u> | 23c. DATE SIGNED <u>10/14/49</u> |
|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

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|--|-----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Oct. 15, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u> |
|--|-----------------------------------|--|---|

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|--|--|--|-------------------------------|
| DATE RECD BY LOCAL REG. <u>Oct. 15-49</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 426 5. FUNERAL DIRECTOR'S SIGNATURE <u>Huston - Turner</u> | ADDRESS <u>Windsor, Mo</u> |
|--|--|--|-------------------------------|

RECEIVED

District Health Officer No. 7,

District File Number 9-49-12

Date Filed 10-24-49

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

Student Embalmer

Signed

Clifford J. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor 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 this body is not embalmed, fact should be so stated above.