

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4756

State File No. \_\_\_\_\_  
Registrar's No. 66

FILED MAR 11 1952

REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5513

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: address before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY OR TOWN <u>LEESVILLE TWP.</u> c. LENGTH OF STAY (in this place) <u>75 YRS</u>		c. CITY OR TOWN <u>CLINTON, LEESVILLE TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HIS HOME</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD ELMER</u> b. (Middle) <u>HUSTON</u> c. (Last) <u>HUSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4, 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB. 26, 1877</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>8</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>8</u>	11. BIRTHPLACE (State or foreign country) <u>HENRY CO. MO.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>GEORGE B. HUSTON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MOORE</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Belton, Clinton, Mo.</u> ADDRESS <u>122</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc.—It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-3, 1952</u> to <u>3-4, 1952</u> , that I last saw the deceased alive on <u>3-3, 1952</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. J. Powell, M.D.</u> (Name or title)		23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>3/4/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 6 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TEBO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo. RURAL</u>
DATE REC'D BY LOCAL REG. <u>Mar 4-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>4220</u>	25. EMERAL DIRECTOR'S SIGNATURE <u>J. A. Vansant, Clinton, Mo</u> ADDRESS	

~~NOV 30 1954~~

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**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 *H. A. Tansant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.