

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15653**  
1524  
Registrar's No. \_\_\_\_\_

FILED MAY 17 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Windsor</b>		c. CITY OR TOWN <b>Windsor</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 1/2 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>842 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>General Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ruby</b>	b. (Middle) <b>Ernestine</b>	c. (Last) <b>Houston</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 10 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 17 1893</b>	9. AGE (In years last birthday) <b>71</b>	UNDER 1 YEAR Days	1 YEAR Days	5 UNDER 4 HRS. Hours	MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <b>Calhoun Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William T Parks</b>	13b. MOTHER'S MAIDEN NAME <b>Emmie Jones</b>	14. NAME OF HUSBAND OR WIFE <b>L R Houston</b>
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>L R Houston</b>	ADDRESS <b>Windsor Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Stroke</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cardiac decompensation</b>		
	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 <b>4343</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 **April 3, 1954**, to **May 10, 1954**, that I last saw the deceased alive on **May 10, 1954**, and that death occurred at **7 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Rays Jordan</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Windsor Mo</b>	23c. DATE SIGNED <b>5-10-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 13 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calhoun</b>	24d. LOCATION (City, town, or county) (State) <b>Calhoun Mo</b>
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DATE REC'D BY LOCAL REG. <b>May-12-54</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	422	25. FUNERAL DIRECTOR'S SIGNATURE <b>L R Housley</b>	ADDRESS <b>Calhoun Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 8 1954

JUL 1 6 1954

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 *J. R. Hansey*.....

Licensed Embalmer No. 3500

P. O. Address *Calhoun*.....

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.