

40714

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 10 1955

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>14</u>					
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Henry</u>			
b. CITY OR TOWN <u>Clinton</u>			c. LENGTH OF STAY (in this place) <u>2 weeks</u>			c. CITY OR TOWN <u>Clinton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General</u>				e. STREET ADDRESS (If rural, give location) <u>0422y</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Beat</u>		b. (Middle) <u>May</u>		c. (Last) <u>Houston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 27 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 15 1885</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR <u>11</u> Days	IF UNDER 2 HRS. <u>19</u> Hours
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 <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Geo M. Askins</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie Duncan</u>			14. NAME OF HUSBAND OR WIFE <u>Philly Houston</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>497-36-5335</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. Askins</u>			ADDRESS <u>Calhoun Mo</u>			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCT</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u>			
				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>4201</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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>1959</u> , to <u>27 Dec, 1954</u> , that I last saw the deceased alive on <u>27 DEC, 1954</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Nugh B. Walker, MD</u>				23b. ADDRESS <u>Clinton, Mo</u>			23c. DATE SIGNED <u>28 Dec, 1954</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 30 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Ametery</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>					
DATE REC'D BY LOCAL REG. <u>Dec. 28 '54</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		422		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Hensley</u> ADDRESS <u>Calhoun Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

STATE OF MISSISSIPPI

JAN 10 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. Housey
Licensed Embalmer No. 35

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.