

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0048190

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 3-0048190 STATE FILE NUMBER

FILED DEC 28 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0421
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor,		Length of stay in 1b 18 yrs	c. CITY OR TOWN Windsor, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 206 S. Chisman St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPHINE GRECO HOUSEWORTH			4. DATE OF DEATH Month Day Year Dec. 15, 1964
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/4/24
9. AGE (last birthday) 40		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Install insoles		10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg.	11. BIRTHPLACE (City and state or country) Hartford, Conn.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Michael Greco	
13b. MOTHER'S MAIDEN NAME Eldon Houseworth		14. NAME OF HUSBAND OR WIFE Eldon Houseworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 044-12-0625	17. INFORMANT Address Eldon Houseworth, Windsor, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Circulatory Collapse			instant
DUE TO (b) Carcinomatosis			3 years
DUE TO (c) Carcinoma of the breast			3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>1961</u> , to <u>12-15-64</u> and last saw her ^{her} _{him} alive on <u>12-15-64</u> Death occurred at <u>7:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William Smith</i> (Degree or title) M.D.		22b. ADDRESS 103 W. Colt St., Windsor, Mo.	22c. DATE SIGNED 12-18-64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 17, 1964	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) (State) Windsor, Mo.
24. FUNERAL DIRECTOR Huston Funeral Home, Windsor, Mo.	25. DATE RECD. BY LOCAL REG. Dec 21, 1964	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	

USE BLACK INK OR TYPEWRITER RIBBON

7-11-1985

MAR 11 1985

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 Glenn E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.