

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0010204

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 80

FILED MAR 20 1967

VS 300
Rev. 4/59

10421

20421

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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) Windsor		Length of stay in 1b Lifetime	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 206 S. Chisman		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 206 S. Chisman Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First KENNETH Middle ELDON Last HOUSEWORTH			4. DATE OF DEATH Month March Day 7 Year 1967
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-23
9. AGE (last birthday) 43		IF UNDER 1 YEAR Months Days Hours Min. 0 0 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Window cleaning service Self employed		10b. KIND OF BUSINESS OR INDUSTRY Windsor, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William F. Houseworth		13b. MOTHER'S MAIDEN NAME Mary Ellen Crews	
14. NAME OF HUSBAND OR WIFE Josephine		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. 1-93-20-2088		17. INFORMANT Miss Jean Houseworth K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Un Known Natural Causes			INTERVAL BETWEEN ONSET AND DEATH Normal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
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 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 unattended to _____ and last saw her/him alive on _____ Death occurred at Approx. 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard H. King M.D. (Degree or _____)		22b. ADDRESS 1065 3rd Clinton Mo	22c. DATE SIGNED 3-11-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 10, 1967	23c. NAME OF CEMETERY OR CREMATION Laurel Oak Cem.	23d. LOCATION (City, town, or county) (State) Windsor, Missouri
24. FUNERAL DIRECTOR Huston-Hadley Windsor, Missouri		25. DATE RECD. BY LOCAL REG. 3-14-1967	26. REGISTRAR'S SIGNATURE Mildred Begum

USE BLACK INK OR TYPEWRITER RIBBON

MAR 22 1967

APR 6 1967

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 Robert W. Alley

Licensed Embalmer No. 5220

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