

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0039199

STATE FILE NUMBER

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 249

FILED OCT 24 1967

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0425  
2 0425  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 4201  
10  
11  
12 2-2  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in 1b years	c. CITY OR TOWN <b>Clinton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>211 W. Green</b>
3. NAME OF DECEASED (Type or print) First <b>ROLLA</b> Middle <b>LEITH</b> Last <b>HOUK</b>		4. DATE OF DEATH Month <b>October</b> Day <b>18</b> Year <b>1967</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 7, 04</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Funeral Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Employee</b>	9. AGE (last birthday) <b>63</b>
11. BIRTHPLACE (City and state or country) <b>Urich, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Robert Lee Houk</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Stewart</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Houk</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>196-24-4331</b>	17. INFORMANT <b>Eva Houk</b> Address <b>Clinton, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary polypier</b> DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) <b>Coronary artery Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>months</b> <b>1-hour</b> <b>year</b>
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 <b>11<sup>10</sup> AM 10/18/67</b> to <b>10/18/67</b> and last saw her <sup>her</sup> alive on <b>10/18/67</b> Death occurred at <b>11<sup>10</sup> A 10/18/67</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James C. Clavette, D.O.</i>		22b. ADDRESS <b>105 E. Ohio Clinton, Mo</b>	22c. DATE SIGNED <b>10/18/67</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct 21, 1967</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	23d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
24. FUNERAL DIRECTOR <b>Consalus</b> ADDRESS <b>Clinton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 20, 1967</b>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

1961 FEB 7 1961

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 Eugene R. Casale

Licensed Embalmer No. 4680

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

Permit 28742  
10-30-67  
MB