

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28123

STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 137 Primary Registration District No. 30-23 Registrar's No. 272

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>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Clinton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>			Length of stay in lb <b>8 days</b>		d. STREET ADDRESS (If outside, give location) <b>938 No 3rd</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>Houk</b> Last <b>Houk</b>				4. DATE OF DEATH Month <b>Aug</b> Day <b>26</b> Year <b>1957</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>12-19-1890</b>		
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months <b>67</b> Days <b>67</b> Hours <b>67</b> Min. <b>67</b>		
11. BIRTHPLACE (City and state or country) <b>Henry Co Mo</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13. FATHER'S NAME <b>George W Houk</b>				14. MOTHER'S MAIDEN NAME <b>Eliza E Castelberry</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Tillie M Houk</b> Address <b>938 So 3rd Clinton Mo</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>Myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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.) <b>4201</b>						
20c. TIME OF INJURY Hour <b>4:20</b> Month <b>8</b> Day <b>19</b> Year <b>57</b> a. m. <b>57</b> p. m. <b>57</b>								
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>8-19-57</b> to <b>8-26-57</b> and last saw her alive on <b>8-26-57</b> Death occurred at <b>5:05 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Wm Sunderwirth DO</b>				22b. ADDRESS <b>Clinton, Mo</b>		22c. DATE SIGNED <b>8-26-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug 28 57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Englewood cem</b>		23d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>		
24. FUNERAL DIRECTOR <b>Sickman-Dunning</b>		ADDRESS <b>Clinton Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-28-57</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 14 1959

FEB 5 1958

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert L. Dunn*.....

Licensed Embalmer No. *41*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.