

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1533

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. LENGTH OF STAY (in this place) <u>19 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		<u>0512</u>		
d. FULL NAME OF (If not in hospital or institution, give street, address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>				d. STREET ADDRESS (If rural, give location) <u>307 West Culton St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>U</u>		b. (Middle) <u>JOHN HENRY</u>		c. (Last) <u>HOUK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 6, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 2, 1886</u>		
9. AGE (in years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 MIN. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Chambers Houk</u>		13b. MOTHER'S MAIDEN NAME <u>Leah Winton</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Clarice Houk</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-10-7404</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Hazel Houk, Warrensburg, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Interstitial Nephritis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Coronary occlusion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastrointestinal Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7</u> <u>36 days</u> <u>25 days</u>	
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)		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>12-1</u> , 19 <u>54</u> to <u>1-6-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-6-</u> , 19 <u>55</u> , and that death occurred at <u>I:IOA</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. Lee Cooper M.D.</u>				23b. ADDRESS <u>Warrensburg, Missouri</u>		23c. DATE SIGNED <u>1-7-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-8-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highpoint Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Johnson County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 9, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah Cuthbert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.A. Brauningner</u>		ADDRESS <u>Warrensburg, Mo.</u>		

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

RECEIVED
JAN 17 1955
JOHNSON COUNTY HEALTH DEPT.

JAN 24 1955

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
Student Embalmer

Signed RA Banninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg 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 this body is not embalmed, fact should be so stated above.