MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-019170

STATE FILE NUMBER

FILED VS JUN 13 1960

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Windsor
Length of stay in 1b: 1 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Conval. Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Henry
c. CITY OR TOWN: Windsor
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 303 E. Benton St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CORA Middle Isabelle Last HOUK

4. DATE OF DEATH: Month June Day 2, Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2-13-1872

9. AGE (last birthday): 88
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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Centertown, Mo. Moniteau U. S. A.

12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: John Thomas Pace

13b. MOTHER'S MAIDEN NAME: Mary Jane Bird

14. NAME OF HUSBAND OR WIFE: Franklin D. Houk

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.: (none)

17. INFORMANT: Mrs. O. M. Richmond K. C. Address: 3241 E. 10th. 27, 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): Acute Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 2-3 yrs.
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 6-5-60 to 6-2-60 and last saw her/him alive on 6-2-60
Death occurred at 7:10 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Claude M. Kirker MD

22b. ADDRESS: Windsor Mo.

22c. DATE SIGNED: 6-3-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-4-1960

23c. NAME OF CEMETERY OR CREMATORY: Laurel Oak Cemetery

23d. LOCATION (City, town, or county) (State): Missouri Henry Mo.

24. FUNERAL DIRECTOR ADDRESS: Clifford Gouge Windsor, Mo.

25. DATE RECD. BY LOCAL REG.: June 6, 1960

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor

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