

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34664

State File No.

Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>5793</u>		State File No.		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Linn</u>				c. LENGTH OF STAY (In this place) <u>1 Year</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 1 Jamestown, Mo</u>				e. STREET ADDRESS (If rural, give location) <u>Rt # 1 Jamestown, Mo</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Acie</u>		b. (Middle) <u>Benjamin</u>		c. (Last) <u>Houk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1954</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>Oct 7 1867</u>		9. AGE (In years last birthday) <u>87</u> Months <u>0</u> Year <u>4</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Squire Houk</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gemender</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M J Houk</u> ADDRESS <u>Deceased</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Rural Linn</u>		21d. COUNTY <u>Moniteau</u>		21e. STATE <u>Mo</u>	
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>Oct. 11, 1954</u> to <u>Oct 11, 1954</u> , that I last saw the deceased alive on <u>Oct 11, 1954</u> , and that death occurred at <u>3/30A</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>D. O. J.</u>		(Degree or title)		23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>10/13/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) <u>Jamestown,</u>		(State) <u>Mo</u>	
DATE REC'D BY LOCAL <u>10/14/54</u>		REGISTRAR'S SIGNATURE <u>1st Propey</u>		506		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Boulton - California, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jack N. Bowlin

Licensed Embalmer No. 493

P. O. Address California

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.