

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34499

State File No.

OCT 27 1952

0240

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

BIRTH NO. _____		REG. DIST. NO. <u>73</u>	PRIMARY REG. DIST. NO. <u>5-291</u>	Registrar's No. <u>81</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingston</u> <u>6130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I O O F Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) <u>Alice</u>		a. (First)	b. (Middle)	c. (Last) <u>Shouse</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>10---21-1952</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-10-1876</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kingston, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Henry Duston</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Bowers</u>		14. NAME OF HUSBAND OR WIFE <u>?</u>
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. <u>Jere Jewett</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jere Jewett Shouse, Liberty, Missouri</u> ADDRESS
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Eucephalomalacia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>		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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>1949</u> to <u>1952</u> , that I last saw the deceased alive on <u>Oct 21, 1952</u> and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. J. Hadson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Liberty Mo.</u>		23c. DATE SIGNED <u>10/21/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kingston, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Oct. 21-1952</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u> <u>645</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark</u> ADDRESS <u>Kingston, Mo.</u>

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.