

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047337

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 200

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 17 1963

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harrisonville</u> | | Length of stay in 1b <u>2 hrs.</u> | c. CITY OR TOWN <u>Grandview</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2107 High Grove Rd</u> |
| 3. NAME OF DECEASED (Type or print) <u>RUSSELL LINCOLN HUSTON</u> | | 4. DATE OF DEATH Month <u>12</u> - Day <u>8</u> - Year <u>1963</u> | |

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|---|----------------------------------|---|------------------------------------|--|--|--|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-12-08</u> | 9. AGE (last birthday) <u>55</u> | 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) <u>WATCHMAKER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>JEWELRY</u> | | 11. BIRTHPLACE (City and state or country) <u>WICHITA, KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>(UNKNOWN) HUSTON</u> | | 13b. MOTHER'S MAIDEN NAME <u>SEREPTA (UNKNOWN)</u> | | 14. NAME OF HUSBAND OR WIFE <u>WILETTA HUSTON</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. [REDACTED] | | 17. INFORMANT <u>WILETTA HUSTON, 2107 HIGH GROVE RD</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumed to be "Natural Causes"</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| DUE TO (b) <u>Accompanied by pain in chest for three or four days apparent heart attack</u> | | |
| DUE TO (c) <u>Cass Co Coroner investigated</u> | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|--|--|--|--------------------|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I (a) PART II of item 18.) <u>Was plowing his car when became sick</u> | |
| 20c. TIME OF INJURY <u>12-8-63 12-8-63</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>In his car at work</u> | | 20f. CITY, TOWN, OR LOCATION <u>Pleasanton</u> | STATE <u>Mo</u> |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|---|------------------------------|---|---|-------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Ray J. Sebre - Reg</u> | | 22b. ADDRESS <u>Harrisonville mo</u> | | 22c. DATE SIGNED <u>12-10-63</u> |
| 23a. BURIAL REMOVAL, (Specify) | 23b. DATE <u>12-10-63</u> | 23c. NAME CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>E. K. George & Sons Inc, Grandview Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-10-63</u> | 26. REGISTRAR'S SIGNATURE <u>Ray J. Sebre</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

VS 300
Rev. 4/59

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BY AFFIDAVIT OF DOCUMENT

DEC 19 1963

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

Stirling E. Goddard

Licensed Embalmer No. 4911

P. O. Address Grandview 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.