

CERTIFICATE OF DEATH

68 0020100

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 129

DO NOT WRITE ON THIS STUB

- 9. 0
- 10a. 93
- 10b.
- 11. 0
- 12. 2
- 13. 4409
- 14.
- 15. 9
- 16.
- 17.
- 18. 2
- 19. CREDITS
- 20. 1-0

VS 300
Rev. 1/68

4. 0425
5. 2

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0420

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. <u>William Andrew Houk</u>			SEX 1. <u>Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) 1. <u>May 26, 1968</u>
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 4. <u>White</u>	AGE—(LAST BIRTHDAY (YEARS), MONTHS, DAYS) 5a. <u>93</u>	UNDER 1 YEAR 5b. <u>8</u> <u>7</u>	UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) <u>Sep 9, 1874</u>	COUNTY OF DEATH 7. <u>Henry</u>
CITY, TOWN, OR LOCATION OF DEATH 7b. <u>Clinton</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. <u>Yes</u> 7d. <u>Wetzel Osteopathic Hosp.</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. <u>Missouri</u>	CITIZEN OF WHAT COUNTRY 9. <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <u>Widowed</u>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	
SOCIAL SECURITY NUMBER 12. <u>499 42 8699 A</u>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <u>Retired Farmer</u>		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. <u>Missouri</u>	COUNTY 14b. <u>Henry</u>	CITY, TOWN, OR LOCATION 14c. <u>Clinton</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>No</u>	STREET AND NUMBER 14e. <u>Rt. # 2.</u>
FATHER—NAME 15. <u>John D. Houk</u>		MOTHER—MAIDEN NAME 16. <u>Susan A. Foster</u>		
INFORMANT—NAME 17a. <u>Cecil D. Houk</u>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <u>Clinton Mo., Rt. # 2.</u>		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) <u>Transition & debility & uremia</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Senile arterial sclerosis</u> DUE TO, OR AS A CONSEQUENCE OF: (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>unk.</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) <u>prostatism</u>				AUTOPSY (YES OR NO) 19a. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. M. 20e.	
INJURY AT WORK (SPECIFY YES OR NO) 20a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION 20g.	CITY OR TOWN, STATE) 20h.	
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED FROM <u>Aug. 1962</u> TO <u>May 26, 1968</u>	AND LAST SAW HIM/HER ALIVE ON 21c. <u>5/26-68</u>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <u>Did</u>	DEATH OCCURRED (HOUR) 21e. <u>9:35 AM.</u>	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		THE DECEASED WAS PROMOUNCED DEAD 22b. <u>May 26 1968</u>	DEATH OCCURRED (HOUR) 22c. <u>9:35 A M.</u>	
CERTIFIER—NAME (TYPE OR PRINT) 23a. <u>Carroll R. Wetzel D.O.</u>		SIGNATURE 23b. <u>Carroll R. Wetzel D.O.</u>	DATE SIGNED (MONTH, DAY, YEAR) 23c. <u>5-27-68</u>	
MAILING ADDRESS—CERTIFIER 23d. <u>105 East Ohio</u>		CITY OF TOWN 23e. <u>Clinton</u>	STATE 23f. <u>Missouri</u>	ZIP 23g. <u>64735</u>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>	CEMETERY OR CREMATORY—NAME 24b. <u>Parks Chapel Cemetery</u>		LOCATION 24c. <u>Clinton, Mo. Rt. #2</u>	
DATE 24d. <u>May 28, 1968</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <u>Vansant Funeral Home, Clinton, Mo. 64735</u>			
FUNERAL DIRECTOR—SIGNATURE 25a. <u>Rta Vansant</u>	REGISTRAR—SIGNATURE 25b. <u>Madred Bigum</u>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <u>May, 28, 1968</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Lee Hard, Student Embalmer No. 822

working under my personal supervision.

Student Lee Hard
Signature of Student Embalmer

Signed H. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Calistoga, 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.

Permit Obtained 5-25-68
HJB