

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13439

5152 State File No.

13678
ED APR 20 1953

BIRTH NO.

REG. DIST. NO.

46

PRIMARY REG. DIST. NO.

4046

Registrar's No.

10

1. PLACE OF DEATH a. COUNTY Caldwell 0130		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell 0130	
b. CITY (If outside corporate limits, write RURAL and give township) Polo Rural		c. LENGTH OF STAY (In this place) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Danny Lynn Houghton		4. DATE OF DEATH (Month) (Day) (Year) 4 6 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 18, 1953
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 18	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles H Houghton, Jr.	
13b. MOTHER'S MAIDEN NAME Elena A. Cartson		14. NAME OF HUSBAND OR WIFE	
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.	
17. INFORMANT'S SIGNATURE OR NAME Charles H Houghton.		ADDRESS Polo, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent Foramen Ovale (Blue baby) INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Weeks	
ANTECEDENT CAUSES DUE TO (b) _____ 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 7544	
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)		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 March 15, 1953 , to April 6, 1953 , that I last saw the deceased alive on April 4, 1953 , and that death occurred at 2:17 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. H. Houghton M.D.		23b. ADDRESS Polo Mo	
23c. DATE SIGNED 4-6-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-6-1953		24c. NAME OF CEMETERY OR CREMATORY Mirabile Cemetery	
24d. LOCATION (City, town, or county) (State) Mirabile, Mo.		DATE REC'D BY LOCAL REG. 4-16-53	
REGISTRAR'S SIGNATURE Blady Jones 370		25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark.	
ADDRESS Kingston, Mo.		(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 ^{not} ~~was~~ embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Cramer Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kingston, M

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.