

FILED FEB 14 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

280

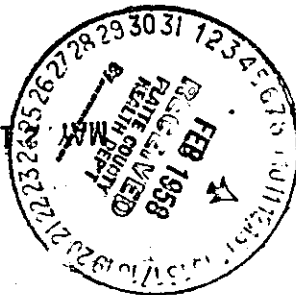
Primary Registration District No.

6-9-64

Registrar's No.

4

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If inside corporate limits, give TOWNSHIP only) <u>Parkville</u>		c. CITY OR TOWN <u>Parkville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <u>B.D. 2</u> INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>B.D. 2</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>K.</u> Last <u>Houghton</u>		4. DATE OF DEATH Month <u>1</u> Day <u>11</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2/1/1887</u>
9. AGE (In years last birthday) <u>70</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (City and state or country) <u>Caldwell Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ira Houghton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha A. Kautz</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Morris Hamilton, Mo.</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W.I</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Helen Morris Hamilton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot Wound in Head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>976X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>APPROX. 8:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Roland M. Giffey, Coroner</u>	
22b. ADDRESS <u>Platte City, Mo.</u>		22c. DATE SIGNED <u>1-11-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/12/1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New York Cem.</u>		23d. LOCATION (City, town, or county) <u>Hamilton, Mo.</u>	
24. FUNERAL DIRECTOR <u>Bram Funeral Home Hamilton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-12-58</u>	
26. REGISTRAR'S SIGNATURE <u>Philip Rollins</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
Signature of Student Embalmer

Signed *Edward G. Francis*

Licensed Embalmer No. *3451*
P. O. Address *Parkville, 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.