FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leadwood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Leadwood d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 0940

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) James c. (Last) House
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May-23-1901	53	11	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Foreman
10b. KIND OF BUSINESS OR INDUSTRY Lead Industry
11. BIRTHPLACE (City and State or Foreign Country) St Francois County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm House
13b. MOTHER'S MAIDEN NAME Annabell Yeager
14. NAME OF HUSBAND OR WIFE Verna Cabaniss House

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Verna House - Bonne Terre, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous Coronary Thrombosis 1 Yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-20, 1955, *to* 5-20, 1955, *that I last saw the deceased alive on* 5-20, 1955, *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John W Hunter MD
23b. ADDRESS Leadwood Mo
23c. DATE SIGNED 5/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May-23-55
24c. NAME OF CEMETERY OR CREMATORY St Francois Memorial
24d. LOCATION (City, town, or county) (State) St Francois Co. Mo

DATE REC'D BY LOCAL REG. May 23, 1955
REGISTRAR'S SIGNATURE Esther Ruddell
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benham Undertaking Co. P.O. Benham Bonne Terre Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 .....

Licensed Embalmer No. 337

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.