

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5290 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Clay Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney Rural</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney Rural</u>		c. LENGTH OF STAY (in this place) <u>25 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>1</u>			d. STREET ADDRESS (If rural, give location). <u>Kearney Township</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph Thomas</u> b. (Middle) <u>Howard</u> c. (Last) <u>Howard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 1 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 26th 1883</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>65 2 6</u>	10. IF UNDER 24 HRS. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joshua Boon Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Maudie Howard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Howard</u> ADDRESS <u>Kearney Rural</u>
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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		INTERVAL BETWEEN ONSET AND BIRTH <u>7 days</u> <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Dec 27, 1948 to Jan 1, 1949, that I last saw the deceased alive on Dec 31, 1948, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry W. Henderson M.D.</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>1-7-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 3rd 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kearney Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-2-1949</u>	REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>	64	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. Leppard, Jr.</u> ADDRESS <u>Kearney Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FILED JAN 27 1949

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-26-49

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
Student Embalmer

Signed Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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 this body is not embalmed, fact should be so stated above.