

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6294

State File No.

FILED MAR 5 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **1812**

NR

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St/Louis)		a. STATE Missouri b. COUNTY Wayne	
c. LENGTH OF STAY (If this place) 2 Hrs.		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Piedmont)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Hiram b. (Middle) Stone c. (Last) Howard			Feb 25 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 18-1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wayne County		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George W. Howard		13b. MOTHER'S MAIDEN NAME Serana Dixon		14. NAME OF HUSBAND OR WIFE Evelyn Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Evelyn Howard ADDRESS Piedmont 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
	DUE TO (c) Cardiac Hypertrophy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 94a			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1/201		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert H. Hoppe		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-26-49		24c. NAME OF CEMETERY OR CREMATORY Piedmont	
24d. LOCATION (City, town, or county) (State) Missouri					

DATE REC'D BY LOCAL REG. FEB 26 1949		REGISTRAR'S SIGNATURE J. B. Lesater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe Inc ADDRESS 4700 Washington Blvd. St. Louis Mo.	
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OCT 6 1932

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 me

Student Embalmer No.

working under my personal supervision.

Signed Robert M. Murray

Licensed Embalmer No. 3749

Signed
Student Embalmer

P. O. Address St. Louis, 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.