

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8062  
Registrar's No. 321

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	c. LENGTH OF STAY (in this place) <b>290 da</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Goodman, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>O'Reilly VA Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>General Delivery</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>Isreal</b>	c. (Last) <b>Howard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 5 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 5, 1894</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>0</b>	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Investigator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RaiRoad</b>	11. BIRTHPLACE (State or foreign country) <b>Goose Rock, Ky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Essie M. Howard</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>O'Reilly VAH Springfield, Mo.</b>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis, pulmonary, chronic, reinfection type, far advanced, active.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from **June 19 1948**, to **April 5 1949**, that I last saw the deceased alive on **April 5, 1949**, and that death occurred at **7:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul L. Eisele, M. D.</b> (Degree or title)	23b. ADDRESS <b>O'Reilly VAH., Springfield, Mo</b>	23c. DATE SIGNED <b>4/5/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/7/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Howard Cemetery Goodman Missouri</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>4/5/49</b>	REGISTRAR'S SIGNATURE <b>W. E. Handley M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John B. Papinian Goodman, Mo</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed John B. Popinac  
Licensed Embalmer No. 4446

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Goodman, Md.

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.