S. No. 300
v. 10.48

FILED MAY 11 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12899

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 86

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carl Junction
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 511 S. Cowgill

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carl Junction
d. STREET ADDRESS (If rural, give location): 511 S. Cowgill

**3. NAME OF DECEASED** (Type or Print)
a. (First): Eva
b. (Middle): Evelyn
c. (Last): Howell

**4. DATE OF DEATH** (Month) (Day) (Year): Apr. 29 1949

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: July 13, 1867
**9. AGE** (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9, Days 16 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Iowa
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Daniel Knight
**13b. MOTHER'S MAIDEN NAME**: Mary Ellen Brayhill
**14. NAME OF HUSBAND OR WIFE**: Judd Howell

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Minnie Hebb — ADDRESS: Carl Jct., 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) ARTERIOSCLEROTIC HEART DISEASE

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) WITH CARDIAC DECOMPENSATION
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH: 4200

**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* 4-10, 1949, *to* 4-29, 1949, *that I last saw the deceased alive on* 4-28, 1949, *and that death occurred at* 7.00 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): D D Douglass, M.D.
**23b. ADDRESS**: Frisco Bldg. Joplin, Mo
**23c. DATE SIGNED**: 5-2-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 2, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Carl Junction, Missouri
**24d. LOCATION** (City, town, or county) (State): Same

**DATE REC'D BY LOCAL REG.**: MAY 2, 1949
**REGISTRAR'S SIGNATURE**: S. C. Hutchett M.D. 137
**25. FUNERAL DIRECTOR'S SIGNATURE**: Don Roney — ADDRESS: Carl Jct., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

49-4-361

## 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 F M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.