

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14628**

No. 300  
10.48  
08  
2

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **644**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wheeler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Newassa</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Newassa</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>114 Harold Jefferson</b>		d. STREET ADDRESS (If rural, give location) <b>114 Harold Jefferson</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Debby</b> (Middle) _____ g. (Last) <b>Howrey</b>			4. DATE OF DEATH <b>Feb. 25 1949</b> (Month) (Day) (Year)		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. <del>Married</del> <del>Single</del> <del>Widowed</del> <b>Widowed</b> (Specify) <b>9</b>	8. DATE OF BIRTH <b>March 30-1868</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>TAMA Iowa Ia.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Elliot Gross</b>	13b. MOTHER'S MAIDEN NAME <b>Margie Jarley</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. B. P. Niccolai</b>	ADDRESS <b>1228 E. Walnut</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Advanced age.</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
331X			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) _____	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 **Feb 1**, 1949, to **2-25**, 1949, that I last saw the deceased alive on **Feb 22, 1949**, and that death occurred at **10:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. A. Love</b> (Name or title)	23b. ADDRESS <b>Nevada, Mo.</b>	23c. DATE SIGNED <b>2-28-49</b>
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24a. BURIAL (Specify) _____	DATE <b>Feb. 28-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newman Burial Park</b>	24d. LOCATION (City, town, or county) <b>Nevada</b> (State) <b>Missouri</b>
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DATE REC'D BY LOCAL REG. <b>April 15-49</b>	REGISTRAR'S SIGNATURE <b>Kathryn H. Yancy</b> <b>331</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sammy Ferguson</b> ADDRESS <b>Home</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 3-49-401

Date Filed 4-18-89

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 \_\_\_\_\_

*[Handwritten Signature]*

Licensed Embalmer No. 1760

P. O. Address Mexico me

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.