

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1949

State File No.

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 3041 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY OR TOWN Carrollton (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Brunswick "Rural" (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 1 1/2 Miles N. E. of Brunswick	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bales Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) RAYMOND	b. (Middle) TYSON	c. (Last) HOWARD	4. DATE OF DEATH (Month) (Day) (Year) 4 30 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-6-1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmwork	11. BIRTHPLACE (State or foreign country) Chariton, Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME J. L. Howard	13b. MOTHER'S MAIDEN NAME Flora Stewart	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J. L. Howard	ADDRESS Brunswick, Mo.
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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, asphyxia, 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) Hemolytic Anemia		6 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.			
DUE TO (b) Metastatic Carcinoma of Bone marrow			1 yr.
DUE TO (c) Primary Carcinoma of Prostate			2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			177X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from 7/18, 1949, to 4/30, 1949, that I last saw the deceased alive on 4/30, 1949, and that death occurred at 7:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.D. Stearns, M.D.	23b. ADDRESS Brunswick, Mo.	23c. DATE SIGNED 5/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-2-1949	24c. NAME OF CEMETERY OR CREMATORY Elliott Grove	24d. LOCATION (City, town, or county) (State) Brunswick, Missouri
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DATE REC'D BY LOCAL REG. 5/19/49	REGISTRAR'S SIGNATURE Mrs. Herbert Calvert	45	25. FUNERAL DIRECTOR'S SIGNATURE L. W. Meisner	ADDRESS Brunswick
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 21 RECD

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

5-21-49

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.

Signed.....
Student Embalmer

Signed

L. W. Keenan

Licensed Embalmer No. 823

P. O. Address *Keenan*

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.