

EMED JUL 26 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24239

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5867</u>		Registrar's No. <u>32</u>			
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Thayer (rural)</u>)		c. LENGTH OF STAY (in this place) <u>10</u> (ship)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Thayer (rural)</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____					
3. NAME OF DECEASED (Type or Print) <u>Louvina Alien Howell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11-27-1867</u>			
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u>4</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Oregon county, Missouri</u>			
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>Ben Childers</u>			13b. MOTHER'S MAIDEN NAME <u>Susie Deary</u>			14. NAME OF HUSBAND OR WIFE <u>Billy Frank Howell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Susie Frazier, Thayer, Missouri</u> ADDRESS _____					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>no</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>25 years</u> <u>4 mo</u> <u>Four weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>June</u> , 19 <u>40</u> , to <u>May 31, 1949</u> , that I last saw the deceased alive on <u>May 13, 1949</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. A. Barnes MD</u> (Degree or title)				23b. ADDRESS <u>Thayer Mo</u>		23c. DATE SIGNED <u>June 21-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-2-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howell cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Thayer (rural) mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 9-49</u>		REGISTRAR'S SIGNATURE <u>Ella Crase</u> <u>416</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Carter</u> ADDRESS <u>Thayer Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

BARNES

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

RECEIVED 7-12-49
District Health Officer No. 5,
District File Number 749523
Date Filed 7-22-49

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 Richard Carter

Signed _____
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Shreveport

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.