

5. No. 300
v. 10. 48

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34701**

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

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4423</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weston			
d. FULL NAME OF HOSPITAL OR INSTITUTION no				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Addie			b. (Middle) Howe		c. (Last) Lober		4. DATE OF DEATH (Month) (Day) (Year) 10-21-49
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 29, 64	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____		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) Ottawa, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Samuel Howe			13b. MOTHER'S MAIDEN NAME Rebecca Buchanan		14. NAME OF HUSBAND OR WIFE C. N. Lober		
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 C? D. Lober 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis: gall stones (X Ray) diagnosis					INTERVAL BETWEEN ONSET AND DEATH 6 weeks 5 yrs. 331X ??
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None performed				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXXX		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXX		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXXXX XXXX XXXX			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXX		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? XXXXXX			
22. I hereby certify that I attended the deceased from <u>Sept 17, 1949</u> , to <u>Oct. 21, 1949</u> , that I last saw the deceased alive on <u>Sept. 21, 1949</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Lewis C. Calver (Degree or title) MD				23b. ADDRESS Weston Missouri		23c. DATE SIGNED 10/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-23-49		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.		24d. LOCATION (City, town, or county) (State) Platte Co. Mo.	
DATE REC'D BY LOCAL REG. 10-26-49		REGISTRAR'S SIGNATURE Aphia Rollins		25. FUNERAL DIRECTOR'S SIGNATURE 257 Vaughn Funeral Home Weston Mo.		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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District Health Officer No. 8,

District File Number _____

Date Filed 11-9-49

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. R. Vaughn

Signed.....
Student Embalmer

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

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.