

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37725

State File No. ....

No. 300  
10-1-48

FILED NOV 12 1949

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>485</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN <u>Rt # 4</u>		c. LENGTH OF STAY (in this place) <u>3 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt#4 Carthage</u>		d. STREET ADDRESS (If rural, give location) <u>Rt# 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt#4 Carthage</u>				3. NAME OF DECEASED a. (First) <u>Bessie</u> b. (Middle) <u>Dotthea</u> c. (Last) <u>Howard</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 29 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 24, 1883</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR <u>5</u> Months <u>4</u> Days		IF UNDER 1 HRS. <u></u> Hours <u></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>St Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S</u>	
13a. FATHER'S NAME <u>Charles Ruscoe</u>			13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>			14. NAME OF HUSBAND OR WIFE <u>Charles W. Howard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Charles W. Howard, Rt#4 Carthage, Mo</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio sclerosis several years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Jasper MO.</u>			
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>Oct 21</u> , 19 <u>49</u> , to <u>10/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/29</u> , 19 <u>49</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clyde B. Spangler, D.O.</u> (Degree or title)				23b. ADDRESS <u>Joplin Mo.</u>		23c. DATE SIGNED <u>10/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morah Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL OFF. <u>10-31-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Thornhill-Dillon Mortuary Joplin, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—  
*what says is Carthage Mo*

RECEIVED 11-7-49  
Jasper County Health Office

County File Number 49-10-865

Date Filed 11-9-49

APR 27 1950

DEC 5 1949

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 Cecilia Romble

Signed.....  
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.