

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37778

State File No.

BIRTH NO. _____ REG. DIST. NO. 467 PRIMARY REG. DIST. NO. 4255 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kingsville</u>	c. LENGTH OF STAY (in this place) <u>81 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kingsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kingsville mo</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>SIMPSON</u> c. (Last) <u>HOW</u>	4. DATE OF DEATH (Month) <u>OCT</u> (Day) <u>31</u> (Year) <u>1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 14 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PAPER HANGER</u>	11. BIRTHPLACE (State or foreign country) <u>KINGSVILLE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel S How</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Ramsey</u>	14. NAME OF HUSBAND OR WIFE <u>Alfred Carlyle How</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-12-1686</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alfred How</u>	ADDRESS <u>Kingsville Mo</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen Arteriosclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased ~~DEPART~~ leave on NOV 1, 1949, and that death occurred at 9:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins M.D.</u> (Degree or title)	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>11/1/49</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>11-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kingsville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kingsville, Mo</u>
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DATE REC'D BY LOCAL REG <u>Nov 11, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada & Hopp</u>	ADDRESS <u>Holden Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
NOV 14 1949
JOHNSON COUNTY HEALTH DEPT.

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 *Elvis Casaday* _____

Licensed Embalmer No. *3434* _____

P. O. Address *Heldan, 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.