No. 300
10.48

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

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39976

BIRTH NO. 1557-49 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEVADA HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: CEDAR 217
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELDORADO SPRINGS, MO
d. STREET ADDRESS (If rural, give location): 600 S. SUMNER ST.

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): DEAN
c. (Last): HOWERTON

4. DATE OF DEATH (Month) (Day) (Year): NOV. 15-1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: Feb. 9-1949
9. AGE (In years last birthday): 0 — If under 1 year: Months 9, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): ELDORADO SPRINGS, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EUGENE HOWERTON
13b. MOTHER'S MAIDEN NAME: SARAH CAUGHTON
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Eugene Howerton — **ADDRESS**: Eldorado Sp.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intussusception of ileum and jejunum
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause unknown
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

57.00

19a. DATE OF OPERATION: Nov. 14, 1949
19b. MAJOR FINDINGS OF OPERATION: 18 inches intussusception ileum — irreducible — Resected
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1949, to Nov. 15, 1949, that I last saw the deceased alive on Nov. 15, 1949, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Rollak B. Gray M.D.
23b. ADDRESS: Nevada Mo.
23c. DATE SIGNED: 17 Nov 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-17-49
24c. NAME OF CEMETERY OR CREMATORY: Eldorado Spring Cem.
24d. LOCATION (City, town, or county) (State): Eldorado Springs Mo.

DATE REC'D BY LOCAL REG.: Nov. 18, 1949
REGISTRAR'S SIGNATURE: Kathryn H. Yancey
331
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd E. Cauthen
ADDRESS: Eldorado Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-49-1276
Date Filed 11-21-49

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.

Student .....
Student Embalmer

Signed Floyd E. Carothers
Licensed Embalmer No. 4419
P. O. Address El Dorado Springs

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.