

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDr. Williams 44026
State File No. _____BIRTH NO. 06683-49 REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 693B Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Doniphan township</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Doniphan township</u>		5910
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles N. of Doniphan</u>			d. STREET ADDRESS (If rural, give location) <u>6 Mi. N.E. of Doniphan</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MURIEL</u>		b. (Middle) <u>MARILYN</u>	c. (Last) <u>HOWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>10-9-1949</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nathan Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Muriel Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>-</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 ADDRESS <u>MURIEL HOWELL - DONIPHAN Mo.</u>		
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>Asphyxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>493X</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)		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. Williams MD</u> (Degree or title)			23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>12-21-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-13-50</u>	REGISTRAR'S SIGNATURE <u>E. B. Johnston</u> 279		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. W. Edwards Doniphan, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

280.

RECEIVED 4-10-50
District Health Officer No. 5,
District File Number 4-50219
Date Filed 4-13-50

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 Carl A. Bird.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4306.....

P. O. Address Doniphan, 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.