

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7467

State File No.

FILED APR 3 1950

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 70

0013

2013

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville	c. LENGTH OF STAY (in this place) 30 years	c. CITY (If outside corporate limits, write RURAL and give township) Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 512 E. Pierce St.		d. STREET ADDRESS (If rural, give location) 512 E. Pierce St.	

3. NAME OF DECEASED (Type or Print) a. (First) IDA	b. (Middle) B.	c. (Last) Howell	4. DATE OF DEATH (Month) (Day) (Year) MARCH 22, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH APRIL 20, 1878	9. AGE (In years last birthday) 71	If UNDER 1 YEAR Months 11 Days 29	If UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Monroe Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ELIAS Tuley	13b. MOTHER'S MAIDEN NAME SARAH F. CLARK	14. NAME OF HUSBAND OR WIFE Robert N. Howell
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. RONALD REED 512 E. PIERCE KIRKSVILLE, MO.
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis		2 Mos.
	DUE TO (c) Arterial Sclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X

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) (Min.)	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 **Jan.**, 1950, to **March 22, 1950**, that I last saw the deceased alive on **March 21, 1950**, and that death occurred at **11:40 AM.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) John L. Bignestaff, D.O.	23b. ADDRESS Kirksville Missouri	23c. DATE SIGNED 23 March 50
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24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. AGE 3-24-50	24c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK	24d. LOCATION (City, town, or county) (State) KIRKSVILLE, MO.
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DATE REC'D BY LOCAL REG. 3-24-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RANDOLPH DAVIS, KIRKSVILLE, MO.
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APR 11 1950

APR 4 1950

RECEIVED MAR 28 1950
District Health Officer No. 10
District File Number 3-50-53
Date Filed MAR 28 1950

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 Clarence M. Billo

Signed _____
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.