

No. 300
10-48

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9167

State File No. _____

Registrar's No. 121

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown	
c. LENGTH OF STAY (in this place) 36 Yrs.		d. STREET ADDRESS (If rural, give location) 6001 Raytown Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6001 Raytown Road		e. FULL NAME OF HOSPITAL OR INSTITUTION 6001 Raytown Road	

3. NAME OF DECEASED a. (First) Charles b. (Middle) Gordon c. (Last) Howe			4. DATE OF DEATH (Month) (Day) (Year) Mar. 23, 1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 3, 1888		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 9 Days 20		IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Genl. Baking Co.			11. BIRTHPLACE (State or foreign country) Viola Kansas.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Charles Howe			13b. MOTHER'S MAIDEN NAME Katie Carr			14. NAME OF HUSBAND OR WIFE Muriel Howe.		
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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. 487-09-9128		17. INFORMANT'S SIGNATURE OR NAME Muriel Howe. Raytown, Missouri.		ADDRESS 	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis						24 hrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema + Bronchiectasis						10 yrs	
		DUE TO (c) Bronchial asthma						30 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterial hypertension						2 wks	

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) m.		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 1:30, 1950, to 2:30, 1950, that I last saw the deceased alive on 3:22, 1950 and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack M Davis M.D.		23b. ADDRESS Raytown MO		23c. DATE SIGNED 3/24/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Brookings Cemetery		24d. LOCATION (City, town, or county) (State) Raytown Missouri	
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DATE REC'D BY LOCAL REG. Mar 25-1950		REGISTRAR'S SIGNATURE Samuel Davis		25. FUNERAL DIRECTOR'S SIGNATURE W. Clark Hegert		ADDRESS Raytown, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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5480

APR 1 RECD

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 _____

E. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown, Missouri.

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.