

5. No. 300
10. 48

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15665

State File No.

1080
2

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ladwence</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Wash top</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City</u>	
c. LENGTH OF STAY (in this place) <u>31-6-50</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>HOWARD</u> c. (Last) <u>HOWARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-29-50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>DIVORCED</u>	8. DATE OF BIRTH <u>9-15-80</u>
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>7 14</u>	
10a. USUAL OCCUPATION (Give kind of work occupying most of time, even if retired) <u>Wheat Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>	11. BIRTHPLACE (State or foreign country) <u>Pierce City Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>Mo</u>		13a. FATHER'S NAME <u>Geo. E. Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Neufre</u>
14. NAME OF HUSBAND OR WIFE <u>Divorced</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> ADDRESS <u>Wash</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>✓</u>		DUE TO (c) <u>✓</u>	
II. OTHER SIGNIFICANT CONDITIONS		Cardiac Asthma	
Conditions contributing to the death but not related to the disease or condition causing death.		4222	
19a. DATE OF OPERATION <u>None</u>	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 <u>2-16-1950</u> , to <u>4-29-1950</u> that I last saw the deceased alive on <u>4-29-1950</u> and that death occurred at <u>1-50 pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. G. Hall M.D.</u> (Name or title)		23b. ADDRESS <u>Woods Mo</u>	23c. DATE SIGNED <u>4-29-50</u>
24a. BURIAL (Specify)	24b. DATE <u>May 1-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Waverly Missouri</u>
DATE REC'D BY LOCAL REG <u>May 6 1950</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Spring Funeral Home</u> ADDRESS <u>Waverly Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED - 5-9-50
District Health Officer No. 7,
District File Number 4-50-477
Date Filed 5-9-50

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 1760

P. O. Address Newark, 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.