

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17080

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 175

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—480

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 KANSAS CITY R LIFE		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, MISSOURI		d. STREET ADDRESS (If rural, give location) 4905 BLUE RIDGE BLVD 0480
d. FULL NAME OF HOSPITAL OR INSTITUTION 4905 BLUE RIDGE BLVD			d. FULL NAME OF HOSPITAL OR INSTITUTION 4905 BLUE RIDGE BLVD		
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) DEAN	c. (Last) HOWE	4. DATE OF DEATH (Month) (Day) (Year) MAY - 4 - 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 11 - 1888	9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) JACKSON COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME JOHN		13b. MOTHER'S MAIDEN NAME HOWE MARGARET MARTIN	14. NAME OF HUSBAND OR WIFE MRS. ETHEL HOWE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ETHEL HOWE, 4905 BLUE RIDGE		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		ANTECEDENT CAUSES		5 min	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Myocardial degeneration		5 yrs	
		DUE TO (c) Coronary insufficiency		10 yrs	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		11:50	

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)		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 Jan 1, 1950, to May 4, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree & title) M.D.		23b. ADDRESS Raytown, Mo		23c. DATE SIGNED 5-5-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 6 - 1950	24c. NAME OF CEMETERY OR CREMATORY BROOKINGS	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		
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DATE REC'D BY LOCAL REG. MAY 5 - 1950	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS N.H. Newcomer's Sons, K.C., Mo
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MAY 15 1950

JUN 7 1950

11020 7M - 1-51M

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Doyle L. Daniel

Signed.....
Student Embalmer

Licensed Embalmer No. 4702

P. O. Address Kansas City, 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.