

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24355

28

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>60022</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Perry</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Perry, Mo.</u>		<u>1870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Perry, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>F.</u>		c. (Last) <u>Howard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 16, 1882</u>	9. AGE (In years last birthday) <u>67</u>	# UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	# UNDER 2 RES. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph N. Harlow</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Virginia Strother</u>		14. NAME OF HUSBAND OR WIFE <u>Bert W. Howard</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Howard</u>		ADDRESS <u>Perry 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis</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>170X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>May 1, 1950</u> , to <u>June 30, 1950</u> , that I last saw the deceased alive on <u>June 30, 1950</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest T. Swan</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Perry Mo.</u>		23c. DATE SIGNED <u>6-30-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London Ralls Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/30/50</u>		REGISTRAR'S SIGNATURE <u>Clyde W. Wilkey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wilkey</u>		ADDRESS _____	

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

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RECEIVED JUL 11 1950
District Health Officer No. 10
District File Number Z-50-1109
Date Filed JUL 14 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

John H. Ellis

Signed.....
Student Embalmer

Licensed Embalmer No. 4613

P. O. Address Perry, Ind.

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.