

FILED SEP 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32283  
Registrar's No. 174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH  
 a. COUNTY **Saline**  
 b. CITY OR TOWN **Marshall, Mo.**  
 c. LENGTH OF STAY (in this place) **3 Weeks**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Putnam Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Saline**  
 c. CITY OR TOWN **Marshall**  
 d. STREET ADDRESS (If rural, give location) **252 West Arrow**

3. NAME OF DECEASED  
 a. (First) **Arthur** b. (Middle) **Van** c. (Last) **Howery**

4. DATE OF DEATH (Month) (Day) (Year)  
**September 11-50**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Widowed**

8. DATE OF BIRTH **May 23-1871**

9. AGE (in years last birthday) **79**

IF UNDER 1 YEAR: Months **3** Days **8**  
 IF UNDER 15 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Laborer**

10b. KIND OF BUSINESS OR INDUSTRY  
**Farm Laborer**

11. BIRTHPLACE (State or foreign country)  
**Saline Co. Missouri**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Luther Howery**

13b. MOTHER'S MAIDEN NAME  
**Ann Gillis**

14. NAME OF HUSBAND OR WIFE  
**Sarah Baker Howery-Deceased**

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. John Thomas-Marshall, Mo.**

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) **Bronchial Pneumonia**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **X**  
 DUE TO (c) **X**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**4 days**  
**91X**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. (AUTOPSY?)  
 YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-30-1950** to **9-11-1950** that I last saw the deceased alive on **9-10-1950**, and that death occurred at **7:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**W. Putnam, M.D.**

23b. ADDRESS  
**Marshall Mo.**

23c. DATE SIGNED  
**9-11-50**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE  
**9/12/50**

24c. NAME OF CEMETERY OR CREMATORY  
**Union Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Marshall, Mo. A. F. D.**

DATE REC'D BY LOCAL REG.  
**Sept. 11-1950**

REGISTRAR'S SIGNATURE  
**Sidney J. Gray**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**J. Leslie Hursey, Marshall Mo.**

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

772  
0

RECEIVED  
DISTRICT HEALTH OFFICE N

District File Number

Date Filed 9-18-2

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

*J. Leahy Sweeney*

Licensed Embalmer No. 3235

Signed.....  
Student Embalmer

P. O. Address Marshall, N.C.

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.