

FILED JAN 16 1951

STANDARD CERTIFICATE OF DEATH

1927

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>5819</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - OSAGE</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - OSAGE 0710</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi S-E Rocky Mount</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi - S-E - Rocky - Mt Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Permelia</u> b. (Middle) <u>JANE</u> c. (Last) <u>Howser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 10 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>8 JUNE 1869</u>	
9. AGE (in years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>MORGAN - CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andy Wood</u>		13b. MOTHER'S MAIDEN NAME <u>JANE Prewitt</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Howser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Howser</u> ADDRESS <u>Rocky - Mt</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EMBOLISM</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>6-2</u> , 19 <u>46</u> to <u>1-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>51</u> , and that death occurred at <u>11:52 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. F. B. ...</u> (Degree or title) <u>D.O.P.</u>				23b. ADDRESS <u>ELDON MO</u>		23c. DATE SIGNED <u>12 JAN - 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>13 JAN 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union - Cem</u>		24d. LOCATION (City, town, or county) (State) <u>MORGAN - CO MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13 - 1951</u>		REGISTRAR'S SIGNATURE <u>L. Washburn</u> 214		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Mays</u>		ADDRESS <u>ELDON MO</u>	

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

RECEIVED 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-15-51

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. L. Stevinson

Signed.....

Student Embalmer

Licensed Embalmer No. 4073

P. O. Address Stoner, 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.