

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2199

0883
1

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

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION 700 Promenade				d. STREET ADDRESS (If rural, give location) 700 Promenade			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Evan		c. (Last) Howell		4. DATE OF DEATH (Month) (Day) (Year) Jan. 3rd, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug. 12th, 1887	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Church Custodian		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William K. Howell		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE Ida May	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida May Howell, Moberly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Dis. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4214					
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) Moberly Randolph Mo			
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 3, 1951, to Jan 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 10 p. m., from the causes and on the date stated above.							
23a. SIGNATURE C. Smith M.D.				23b. ADDRESS Moberly, Mo		23c. DATE SIGNED 1-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 6th-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Holliday, Mo.	
DATE REC'D BY LOCAL REG. 1-6-51		REGISTRAR'S SIGNATURE Carl Williams		25. FUNERAL DIRECTOR'S SIGNATURE Mahan, and Son		ADDRESS Moberly, Mo.	

Date Received: JAN 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-72
Date Filed: JAN 20 1951

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 Frank D. Dr. Whitt

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Proberly 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.