

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9263

FILED MAR 16 1951

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3048 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fredenicktown</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fredenicktown 0621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 E. Maxum</u>		d. STREET ADDRESS (If rural, give location) <u>109-E. Maxum</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Howell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-51</u>					
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 5, 1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>10</u> Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Madison Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Jacob Haull</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Harmon</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Haull</u>
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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. <u>500-10-7909</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie Haull</u> ADDRESS <u>Fredenicktown</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of tongue with generalized metastases</u>		<u>1 yr. 2 mo.</u>
	ANTECEDENT CAUSES Morbid 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.		141X	

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) (Min.)	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 12/19, 1949, to 1/2, 1951, that I last saw the deceased alive on 1/2, 1951, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Maurice Grooman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fredenicktown Mo</u>	23c. DATE SIGNED <u>2/8/51</u>
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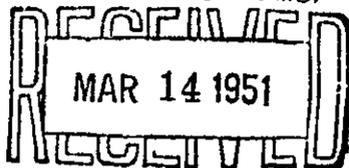
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>	24b. DATE <u>2/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-5-51</u>	REGISTRAR'S SIGNATURE <u>Therese Phelps</u> 187	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walt Adams</u> ADDRESS <u>Fredenicktown</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 350-14

JUN 27 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

A handwritten signature in cursive script, reading "Lyman Sprinkle".

Licensed Embalmer No. 4013

P. O. Address Fredericktown

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.