

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13387**

FILED MAY 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RUTH</u>	b. (Middle) <u>EDNA</u>	c. (Last) <u>HOWARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-1951</u>
-------------------------------------	------------------------	-------------------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-6-1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Leon Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			

13a. FATHER'S NAME <u>Ben Sowash</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs. Howard</u>	14. NAME OF HUSBAND OR WIFE <u>Guillie Howard</u>
--------------------------------------	--	---

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>48934-884</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille Kelly</u>	ADDRESS <u>Granby</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2044</u>	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)	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 Apr. 24, 1951, to Apr. 25, 1951, that I last saw the deceased alive on Apr. 24, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Raleus</u> (Degree or title) <u>MO</u>	23b. ADDRESS <u>Granby MO</u>	23c. DATE SIGNED <u>4.25.51</u>
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granby Bess</u>	24d. LOCATION (City, town, or county) (State) <u>Granby MO</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Apr 25 1951</u>	REGISTRAR'S SIGNATURE <u>M. F. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Shewmake</u>	ADDRESS <u>Granby MO</u>
---	--	---	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

730  
1

7  
**RECEIVED**

District Health Officer No. Newton County HD  
District File Number 551-104  
Date Filed 5/2/51

---

---

**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.....  
Student Embalmer

Signed G. E. Clevver

Licensed Embalmer No. 3584

P. O. Address Casaville, 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.