

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45210
Registrar's No. 82

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Marshall 0972	
c. LENGTH OF STAY (In this place) 14 Months		d. STREET ADDRESS (If rural, give location) 772 South Odell	
d. FULL NAME OF HOSPITAL OR INSTITUTION 772 South Odell		e. FULL NAME OF HOSPITAL OR INSTITUTION 772 South Odell	

3. NAME OF DECEASED (Type or Print) a. (First) Deborah b. (Middle) Ann c. (Last) Howell			4. DATE OF DEATH (Month) (Day) (Year) April 13-51						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Feb. 11-1950	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR MONTHS 2	IF UNDER 1 YEAR DAYS 2	IF UNDER 1 MIN. HOURS 0	IF UNDER 1 MIN. MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Gene Howell		13b. MOTHER'S MAIDEN NAME Doris Epperson		14. NAME OF HUSBAND OR WIFE - - -	
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 Gene Howell-Marshall, Missouri	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia, Lobar		INTERVAL BETWEEN ONSET AND DEATH
	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 490 X	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 April 13, 1951, to April 13, 1951; that I last saw the deceased alive on April 13, 1951, and that death occurred at 2:31 p.m., from the causes and on the date stated above.

23a. SIGNATURE Gene A. Read	(Degree or title) M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 4-14-51
---------------------------------------	----------------------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Reinterred	24b. DATE 4/15/51	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Saline, Missouri
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. April 14-1951	REGISTRAR'S SIGNATURE Sidney F. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leslie Murray-Marshall, Mo.
--	--	-----	---

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

972
1

RECEIVED 4-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-16-51 _____

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 *J. Lealie Swanson*

Licensed Embalmer No. 3235

P. O. Address *Marshall, 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.