

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JUN 5 1951

2156

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3438</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2456 Troost 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SQUIRE</u>	b. (Middle) <u>B.</u>	c. (Last) <u>HOWE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-1951</u>
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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>9-19-1870</u>	9. AGE (In years last birthday) <u>81 30</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of the life even if retired) <u>Retired Express</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R. R. Express</u>	11. BIRTHPLACE (State or foreign country) <u>Bates County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Benjamin F. Howe</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Miller</u>	14. NAME OF HUSBAND OR WIFE <u>dda Howe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Barb L. Howe</u>	ADDRESS <u>3627 Locust</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>33 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5-15-<sup>5</sup>19<sup>51</sup> to 5-18-<sup>5</sup>19<sup>51</sup>, that I last saw the deceased alive on 5-18-<sup>5</sup>19<sup>51</sup> and that death occurred at 3:30 P<sup>30</sup>m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns</u> (Degree or title)	23b. ADDRESS <u>General Hosp. #1</u>	23c. DATE SIGNED <u>5-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int Vernon</u>	24d. LOCATION (City, town, or county) (State) <u>Amsterdam MO</u>
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DATE REC'D BY LOCAL REG. <u>5-19-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Wagner</u>	ADDRESS <u>K. C. MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Alvin R. Hauschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.