

FILED JUL 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20988

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frankford</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frankford</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HOLDER</u> c. (Last) <u>HOWARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>SEPT 10 1879</u>
9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Solomon Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Hodges</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Howard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Howard Frankford Mo</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Neuro Syph. causing heart failure</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.		INTERVAL BETWEEN ONSET AND DEATH
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 <u>Apr. 1947</u> , to <u>June 1951</u> that I last saw the deceased alive on <u>Mar 1951</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. P. Hansen</u> (Degree or title) <u>DO.</u>		23b. ADDRESS <u>Frankford Mo.</u>	23c. DATE SIGNED <u>6/29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 29 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Frankford Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 29 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fields & Son Frankford Mo.</u>

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

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Date Received: ~~JUL~~ 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1226
Date Filed: JUL 7 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 Joe Fields Negron

Licensed Embalmer No. 4093

P. O. Address Sanford 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.