

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22389**

FILED AUG 8 1951

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5229** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, 4 (Polk) Twp. H.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Polk) 0190	
c. LENGTH OF STAY (In this place) 5 months		d. STREET ADDRESS (If rural, give location) 4 miles N. E. Pleasant Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles N.E of Pleasant Hill			

3. NAME OF DECEASED (Type or Print)	a. (First) Mattie	b. (Middle) Thorton	c. (Last) Howald	4. DATE OF DEATH (Month) (Day) (Year)
				7 25 51

5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 4, 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Pleasant Hill, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James A. Thorton	13b. MOTHER'S MAIDEN NAME Julie Kennedy	14. NAME OF HUSBAND OR WIFE Walter E. Howald
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) none	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Walter E. Howald, Pleasant Hill, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of Pharynx		
	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) (Min.)	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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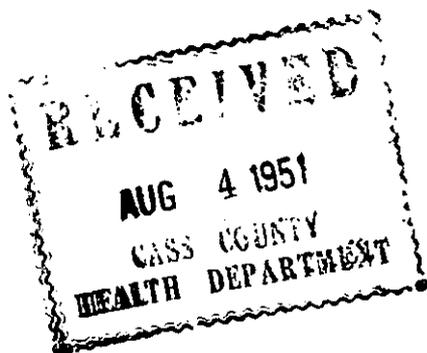
22. I hereby certify that I attended the deceased from **7**, 19**50**, to **7**, 19**51**, that I last saw the deceased alive on **7, 28**, 19**51**, and that death occurred at **6:15** p.m., from the causes and on the date stated above.

23a. SIGNATURE J. V. Murray M.D. (Degree or title)	23b. ADDRESS Pleasant Hill, Mo.	23c. DATE SIGNED 7-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-27-51	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery Pleasant Hill, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. July 30, 1951	REGISTRAR'S SIGNATURE Dora Barward	25. FUNERAL DIRECTOR'S SIGNATURE Allen Swenford Pleasant Hill Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 William L. Anderson

Licensed Embalmer No. 4674

P. O. Address Pleasant Hill, 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.