S. No. 300
V. 10.48

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22415

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 42

0210 / 1

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury 0210
d. STREET ADDRESS (If rural, give location): S. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas F
b. (Middle):
c. (Last): Howard

4. DATE OF DEATH (Month) (Day) (Year): 7 25 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 18-1866
9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months 4 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thos Howard
13b. MOTHER'S MAIDEN NAME: Elizabeth Sheils
14. NAME OF HUSBAND OR WIFE: Mary Frances Neely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Kathryn Brummell
ADDRESS: Salisbury

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): Coronary Embolism
INTERVAL BETWEEN ONSET AND DEATH: 10 Da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
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
4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1951, *to* July 25, 1951, *that I last saw the deceased alive on* 7/25/51, 1951, *and that death occurred at* 2 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: G W Hawkins (Degree or title) M.D.
23b. ADDRESS: Lucerne Mo.
23c. DATE SIGNED: 7/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-27-51
24c. NAME OF CEMETERY OR CREMATORY: Walnut Ridge Cem.
24d. LOCATION (City, town, or county): Fayette (State) Mo

DATE REC'D BY LOCAL REG.: 7/29/51
REGISTRAR'S SIGNATURE: G W Hawkins
25. FUNERAL DIRECTOR'S SIGNATURE: Geo B Winkelmeyer
ADDRESS: Salisbury

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1951

Date Received: AUG 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-1429
Date Filed: AUG 8 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~~ .....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Md

Signed.....
Student Embalmer

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.