

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25947

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY (If outside corporate limits, write RURAL and give township) Nevada	
c. LENGTH OF STAY (In this place) 46 year		d. STREET ADDRESS (If rural, give location) East Austin	
d. FULL NAME OF HOSPITAL OR INSTITUTION ATHOME East Austin			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) A. c. (Last) Howard			4. DATE OF DEATH (Month) (Day) (Year) July 18 1951
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5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 6, 1857	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 5	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. 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 Own home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Murphy	13b. MOTHER'S MAIDEN NAME Rhoda F. Mize	14. NAME OF HUSBAND OR WIFE Owen Howard
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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 Homer Howard	ADDRESS Nevada, Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Severe aortic stenosis		INTERVAL BETWEEN ONSET AND DEATH 2 year
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 7/23/51	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:15	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped
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22. I hereby certify that I attended the deceased from **Feb 11, 1857** to **July 18, 1951**, that I last saw the deceased alive on **July 16, 1951** and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas J. Kearney, M.D.	(Degree or title)	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 7/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 23, 1951	24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	24d. LOCATION (City, town, or county) (State) Nevada Missouri
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DATE REC'D BY LOCAL REG. 7-24-1951	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Nevada Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUL 31 1951
Dist. File 851-1421
Date Filed 8-1-51

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.....

BB Ferry

Signed.....
Student Embalmer

Licensed Embalmer No. 1768

P. O. Address Nevada, 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.