

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27571**

FILED AUG 29 1951

BIRTH NO. --- REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3037** Registrar's No. **435**

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	0581
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis		d. STREET ADDRESS (If rural, give location) 403 E. Howell	

3. NAME OF DECEASED (Type or Print) a. (First) Homer	b. (Middle) William	c. (Last) Howe	4. DATE OF DEATH (Month) (Day) (Year) August 15, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Worker		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months 4 Days 4 IF UNDER 1 WKS: Hours 0 Min. 0
11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Robert Howe	13b. MOTHER'S MAIDEN NAME Emma Lewis	14. NAME OF HUSBAND OR WIFE Goldie Howe
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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 479-181227	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Homer Howe, Marceline, Mo.
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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) Coronary Thrombotic Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis		
	DUE TO (c) IC Coronary insufficiency		
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 **8-14, 1951**, to **8-15, 1951**, that I last saw the deceased alive on **8-14, 1951**, and that death occurred at **8-15, 1951** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Smith M.D.	23b. ADDRESS Marceline, Mo.	23c. DATE SIGNED 8-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/18/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Marceline, Missouri
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DATE REC'D BY LOCAL REG. 8/17/51	REGISTRAR'S SIGNATURE Marceline Howe	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James M. Langhlin Marceline, Mo.
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Date Received: **AUG 28 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-57-1370*
Date Filed: **AUG 28 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 *George W. Davalt*

Licensed Embalmer No. *4799*

P. O. Address *Manassas, Md*

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.