

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30972**
Registrar's No. **32**

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **4386**

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

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

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARVIN	b. (Middle) RUFUS	c. (Last) HOWELL	(Month) Sept.	(Day) 21	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 6, 1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Thayer, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Billy Howell	13b. MOTHER'S MAIDEN NAME Mourvinia Childers	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME Elmer Howell
		ADDRESS Thayer, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	ANTECEDENT CAUSES Morbidity 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 151X	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)	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 **6-28**, 19**51**, to **Sept 21**, 19**51**, that I last saw the deceased alive on **Sept 19**, 19**51**, and that death occurred at **5-30A.** m., from the causes and on the date stated above.

23a. SIGNATURE John P. Ellison	(Degree or title) 20.2	23b. ADDRESS Thayer Mo.	23c. DATE SIGNED 9-25-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/23/51	24c. NAME OF CEMETERY OR CREMATORY Howell Cemetery	24d. LOCATION (City, town, or county) (State) Thayer, Mo.

DATE REC'D BY LOCAL REG. 10-3-51	REGISTRAR'S SIGNATURE Ella Corrado	FUNERAL DIRECTOR'S SIGNATURE Alfred Carter	ADDRESS Thayer, Mo.
--	--	--	-------------------------------

RECEIVED

OCT 8 1951

DISTRICT HEALTH OFFICE No. (

File No.....

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. _____

Student
Student Embalmer

Signed *Edward Carter* _____
Licensed Embalmer No. *4516* _____

P. O. Address *Shelby Miss* _____

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.