

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **386**

1. PLACE OF DEATH
a. COUNTY **Cape Girardeau**
b. CITY (If outside corporate limits, write RURAL and give township) **Cape Girardeau**
c. LENGTH OF STAY (If this place) **4 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Asterothatic Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE **Missouri** b. COUNTY **Cape Girardeau**
c. CITY (If outside corporate limits, write RURAL and give township) **Rural** d. STREET ADDRESS **0160 Millersville Mo R #1**

3. NAME OF DECEASED a. (First) **Rosa** b. (Middle) **Howard** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **Nov 20 1951**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **Nov 13 1892** 9. AGE (In years last birthday) **59** Months **0** Days **7** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 11. BIRTHPLACE (State or foreign country) **Mo Cape Girardeau County** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Truesdell** 13b. MOTHER'S MAIDEN NAME **Not Known** 14. NAME OF HUSBAND OR WIFE **Joe Howard**

15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (If yes, give no. or unknown) **no** (If yes, give war or date of service) **none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **John Edward Howard** ADDRESS **Millersville**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage (Apoplexy)**
ANTECEDENT CAUSES **Hypertention, arterio-sclerosis, Chronic nephritis.**
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Myocardosis**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **446X** 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/20/49**, 19____, to **11/20/51**, 19____, that I last saw the deceased alive on **11/20/51**, 19____, and that death occurred at **6:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE **Albert L. Tinsdall, M.D.** (Degree or title) 23b. ADDRESS **Jackson, Missouri** 23c. DATE SIGNED **11/20/51**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____ 24b. DATE **Nov 21-1951** 24c. NAME OF CEMETERY OR CREMATORY **Russell Heights** 24d. LOCATION (City, town, or county) (State) **Jackson Mo**

DATE REC'D BY LOCAL REG. **11-21-51** REGISTRAR'S SIGNATURE **C. C. Summers** 44 24. FUNERAL DIRECTOR'S SIGNATURE **McCombs** ADDRESS **446 Millersville Mo**

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

RECEIVED

NOV 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

DEC 5 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.....
Student Embalmer

Signed *Thos. K. Allen*

Licensed Embalmer No. *40555*

P. O. Address *Jackson*

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.