

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH38112  
State File No. ....BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 3043 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
c. LENGTH OF STAY (In this place) <b>11/8/51</b>		d. STREET ADDRESS (If rural, give location) <b>507 North Hawkins</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>John L. Howie</b>	b. (Middle)	c. (Last)	(Month) <b>November</b>	(Day) <b>12</b>	(Year) <b>1951</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 20, 1867</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months <b>8</b> Days <b>22</b>	IF UNDER 29 HRS. Hours <b>22</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Conductor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>C.B.&amp;C.</b>	11. BIRTHPLACE (State or foreign country) <b>Hamilton Ontario</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Robert A. Howie</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Dunlap</b>	14. NAME OF HUSBAND OR WIFE <b>Luella Howie</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. L. Howie</b>	ADDRESS <b>Hannibal Missouri</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anemia</b>		5 years
	ANTECEDENT CAUSES Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerotic Heart Disease &amp; nephritis</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 <b>4200</b>	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) <b>Hannibal Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 12-31-48, 1948, to 11-12-51, 1951, that I last saw the deceased alive on 11-12-51, 1951, and that death occurred at 12.25 h., from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Howie</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>	23c. DATE SIGNED <b>11-13-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/14/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11/15/51</b>	REGISTRAR'S SIGNATURE <b>J. M. Luke</b>	25. JUNEBAU DIRECTOR'S SIGNATURE <b>J. C. Crawford</b>	ADDRESS <b>Hannibal Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

644  
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RECEIVED NGV 1951  
HEALTH DEPT.  
DATE FILED NOV 20 1951

NOV 1 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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*H. Crawford Smith*

Licensed Embalmer No.

3814

P. O. Address

*Rennel 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.