

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40241

State File No. _____

FILED DEC 8-1951

Registrar's No. 3813

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 3813	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester, Missouri		c. LENGTH OF STAY (in this place) 80 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington		d. STREET ADDRESS (If rural, give location) 1900	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Manchester Nursing Home				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) Monroe		b. (Middle) _____		c. (Last) Howard		4. DATE OF DEATH (Month) (Day) (Year) Nov 24, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 3, 1878	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Reynolds Co., Mo.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Howard			13b. MOTHER'S MAIDEN NAME Debby Barden			14. NAME OF HUSBAND OR WIFE Dova	
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 ADDRESS Diya Howard, Ellington, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate ANTECEDENT CAUSES Morbid 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. Interval between ONSET AND DEATH 1 yr.				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 177X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 Sept 4, 1951 to Nov 24, 1951 that I last saw the deceased alive on Nov 2, 1951 and that death occurred at 9:00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Henry W. Cheve				23b. ADDRESS Ellington, Mo.		23c. DATE SIGNED 11-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-26-51		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Ellington, Mo.	
DATE REC'D BY LOCAL REG. 11-26-51		REGISTRAR'S SIGNATURE Robert P. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe - 4700 Washington Blvd			

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address

St. Louis 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.