

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42128

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>5644</u>		Registrar's No. <u>132</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. LENGTH OF STAY (in this place) <u>nil</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miami Mo 0540</u>		d. STREET ADDRESS (If rural, give location) <u>No St. Address</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died on a public road</u>				3. NAME OF DECEASED a. (First) <u>Maurice</u> b. (Middle) <u>calvin</u> c. (Last) <u>Howerton</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>December 3 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			
8. DATE OF BIRTH <u>August 15, 1923</u>		9. AGE (In years last birthday) <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		11. BIRTHPLACE (State or foreign country) <u>Saline Co., Mo.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS, OR INDUSTRY <u>Contract Hauler</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Roy Howerton</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Ray</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby M Self</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 2</u>		16. SOCIAL SECURITY NO. <u>499-16-6764</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby M. Howerton, Miami, Missouri</u>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1 Broken neck 2 Fract. Femur 3 Fract. Pelvis 4 Crushing injury</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Truck wreck. Died within 2 hrs. minutes at scene/scene</u> DUE TO (b) <u>1 Chest 2 Shock</u> DUE TO (c) <u>E 8350 32</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>country road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington Lafayette Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12:30 - 3 - 1951 10:4 a.m.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck hit road & overturned</u>							
22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>51</u> , to <u>12-3</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>104</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. Martin M.D. Coroner</u>				23b. ADDRESS <u>Odesse Mo</u>		23c. DATE SIGNED <u>12-3-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>December 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Nebo</u>		24d. LOCATION (City, town, or county) (State) <u>Grandpas, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-31-51</u>		REGISTRAR'S SIGNATURE <u>Minerva S. Galambos</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Forest of Memphis</u>		ADDRESS <u>Lexington Mo</u>			

RECEIVED JAN 8 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 8 1952

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 _____

Garret G. Query

Signed.....
Student Embalmer

Licensed Embalmer No. 3275

P. O. Address Lexington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.