S. No. 300
v. 10.48

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42340

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 5792 Registrar's No. 4

0680

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

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Harrison
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ohio
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Harrison Twn.
d. STREET ADDRESS (If rural, give location): 3 mi SE of High Point, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Seth
b. (Middle): NMI
c. (Last): HOWARD

4. DATE OF DEATH (Month) (Day) (Year): Dec 20-1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 20-1872
9. AGE (In years last birthday): 79 — If under 1 year: Months 8, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Morgan County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Howard
13b. MOTHER'S MAIDEN NAME: Sally Ann Woody
14. NAME OF HUSBAND OR WIFE: Jennie Lee Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Marshall Howard-High Point, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
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* Mch, 1951, *to* Dec 20, 1951, *that I last saw the deceased alive on* Dec 18, 1951, *and that death occurred at* 2a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. O. Shelton M.D.
23b. ADDRESS: Eldon Mo
23c. DATE SIGNED: Dec 22 '51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec 23rd
24c. NAME OF CEMETERY OR CREMATORY: Versailles City Cem.
24d. LOCATION (City, town, or county) (State): Versailles, Missouri

DATE REC'D BY LOCAL REG.: 12/30/51
REGISTRAR'S SIGNATURE: C. H. Nail 1980
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. J. Kidwell - Versailles, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.