

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1952

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAVANNAH MO 6020		
d. FULL NAME OF HOSPITAL OR INSTITUTION Relief Nursing Home 214 7/2 St. Joseph Mo		d. STREET ADDRESS (If rural, give location) R.F. D. SAVANNAH		
3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) ADAM c. (Last) HOWER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 14 1952		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) w. 2	8. DATE OF BIRTH 04-5-1872	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) Lebanon Penn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ADAM HOWER		
13b. MOTHER'S MAIDEN NAME MARY Coomer		14. NAME OF HUSBAND OR WIFE Lillie C. HOWER		
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orin Hower, Savannah Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) Arteriosclerosis		
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500
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 Oct 15 , 19 51 , to Dec 14 , 19 51 that I last saw the deceased alive on 14th Dec 51 , and that death occurred at 7:40 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE M. D. King (Degree or title) D		23b. ADDRESS M. D. King Hill Bldg St. Joseph Mo		23c. DATE SIGNED 1-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-16-52		24c. NAME OF CEMETERY OR CREMATORY SAVANNAH
24d. LOCATION (City, town, or county) (State) SAVANNAH MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home Savannah Mo		
DATE REC'D BY LOCAL REG. Jan. 15, 1952		REGISTRAR'S SIGNATURE Carl C. Casper		

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

AUG 28 1957

2661

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.