

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5456 Registrar's No. 81

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY OR TOWN <u>Battlefield</u> (If outside corporate limits, write RURAL and give township) <u>Rural Wilson Twp</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 1 Battlefield</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Battlefield, Rural Wilson Twp</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>Rt. # 1 Battlefield</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Albert</u> | b. (Middle) <u>Marion</u> | c. (Last) <u>Howard</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1952</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 6 1869</u> | 9. AGE (in years last birthday) <u>82</u> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Christian County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Henry T. Howard</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Cooper</u> | 14. NAME OF HUSBAND OR WIFE <u>X</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Howard</u> | ADDRESS <u>Springfield, Mo.</u> |
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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, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 March, 1951, to Jan, 1952, that I last saw the deceased alive on 25 Jan, 1952, and that death occurred at 3:10 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Karl Leidinger Jr. M.D.</u> | 23b. ADDRESS <u>Republic Mo.</u> | 23c. DATE SIGNED <u>28 Jan 52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-29-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Manley Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Battlefield, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-29-52</u> | REGISTRAR'S SIGNATURE <u>James H. Amos</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u> | ADDRESS <u>Springfield, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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1953 FEB 3

JAN 26 1953

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 Paul Lohmeyer

Licensed Embalmer No. 41304

P. O. Address Spfel, 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.