

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3598

State File No. _____
Registrar's No. 26

FILED FEB 4 1952 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093

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

| | | | | | | | |
|---|-------------------------------|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | | | | | |
| b. CITY OR TOWN <u>Marshall Twp.</u> | | c. LENGTH OF STAY (in this place) <u>23 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo 0396</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School</u> | | | d. STREET ADDRESS (If rural, give location) <u>1708 West Lee St. 1952</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Edward</u> c. (Last) <u>Howard</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1952</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>July 13 1918</u> | 9. AGE (If years last birthday) <u>34 yr</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Edward G. Howard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u> | | | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 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>None</u> | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ray State School Marshall Mo</u> | | 17. ADDRESS _____ | | 17. ADDRESS _____ | | | |
| 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>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | |
| 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) _____ | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>11-14</u> , 19 <u>51</u> , to <u>1-26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 25</u> , 19 <u>52</u> , and that death occurred at <u>7:40 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. E. Dalmer & B. J. Davidson</u> | | 23b. ADDRESS <u>Mo State School</u> | | 23c. DATE SIGNED <u>1-25-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-27-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mo. State School Cemetery</u> | | | |
| 24d. LOCATION (City, town, or county) (State) <u>Marshall Saline Co. Mo</u> | | DATE REC'D BY LOCAL REG. <u>Jan. 29 1952</u> | | REGISTRAR'S SIGNATURE <u>Clidney T. Gray</u> | | | |
| 5. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Herzhberger</u> | | ADDRESS <u>Marshall Mo</u> | | | | | |

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.

Signed.....

Joseph R. Mackler

Signed.....
Student Embalmer

Licensed Embalmer No. *4571*

P. O. Address *Marshall, 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.