No. 300
10-48

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8409

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. 1124

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1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 8 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Polyclinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 3604 Wyandotte

3408
3400

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) HENRY c. (Last) HOWELL

4. DATE OF DEATH (Month) (Day) (Year) Mar. 9, 1952

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 6, 1882

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Paris, Missouri. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Howell

13b. MOTHER'S MAIDEN NAME Ella Hathman

14. NAME OF HUSBAND OR WIFE Bessie W. Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. 488-36-800G

17. INFORMANT'S SIGNATURE OR NAME Bessie W. Howell **ADDRESS** 3604 Wyandotte

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia	4 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Rupture Gastric Ulcer	7 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		5401

19a. DATE OF OPERATION 3-3-52

19b. MAJOR FINDINGS OF OPERATION Perforation of Gastric Ulcer

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* 3-3, 1952, *to* 3-9, 1952, *that I last saw the deceased alive on* 3-9, 1952, *and that death occurred at* 4:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. A. Devins (Degree or title) DO. — E. A. Devins DO.

23b. ADDRESS 303 Altman Bldg.

23c. DATE SIGNED 3-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 9, 1952

24c. NAME OF CEMETERY OR CREMATORY Holiday Cemetery

24d. LOCATION (City, town, or county) (State) Holiday, Missouri.

DATE REC'D BY LOCAL REG. 3-9-52

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Dixon Kelly **ADDRESS** Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Dwight Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.