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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

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FILED MAR 24 1952

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 316	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage 0493			
d. FULL NAME OF HOSPITAL OR INSTITUTION 404 E. 13th St				d. STREET ADDRESS (If rural, give location) 404 E. 13th St 0			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA			b. (Middle) ANN		c. (Last) HOWELL		4. DATE OF DEATH (Month) (Day) (Year) Feb 29, 1952
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 23, 1881		9. AGE (In years last birthday) 71	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Webster County, Mo. U		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joe Peters		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Chester F. Howell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If you, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.F. Howell, 404 13th, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic, Heart disease				INTERVAL BETWEEN ONSET AND DEATH 1 YEAR	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 4200				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) (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 MAY 29, 1950, to Feb. 29, 1952, that I last saw the deceased alive on Feb. 23, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Paul H. Dixon 0 (Degree or title) MD			23b. ADDRESS Carthage, Mo			23c. DATE SIGNED 3-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0		24b. DATE March 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery--		24d. LOCATION (City, town, or county) (State) Nevada, Mo		
DATE REC'D BY LOCAL REG. 3-3-52		REGISTRAR'S SIGNATURE L.B. Clinton, MD 139-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-21-52
Jasper County Health Office
County File Number 52/3/216 99
Date Filed 3-21-52

MAR 26 1952

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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.