

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8891**

FILED APR 10 1952

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 30.33 Registrar's No. 44

0532
4

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

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u> <u>0530</u> | |
| c. LENGTH OF STAY (in this place) <u>1 yr</u> | | d. STREET ADDRESS (If rural, give location) <u>no. St. Address</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nyberg Rest Home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Howerton</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1952</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Jan. 22 1874</u> |
| 9. AGE (In years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Frank Casteel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Delia Williams</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>W. J. Howerton</u> | | | |
| 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>Arch Howerton</u> | | ADDRESS <u>Phillipburg Mo.</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | |
| MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompenstation</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 hr</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Debility</u> | | | |
| 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: <u>4343</u> | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 A. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>Lebanon Mo.</u> | |
| 23c. DATE SIGNED <u>3/28/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/30/52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Harmony Cemetery near Long Lane, Mo.</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>4-2-1952</u> | | REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> <u>424</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u> | | ADDRESS <u>Lebanon Mo.</u> | |

Received APR 5 1952
Laclede County Health Unit
File No. 4-52-37
Date Filed APR 8 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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.