

STANDARD CERTIFICATE OF DEATH

State File No. **9101**

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 715 Country Club		d. STREET ADDRESS (If rural, give location) 715 Country Club Drive	

3. NAME OF DECEASED (Type or Print) Charles A. Howell			4. DATE OF DEATH March 20, 1952		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 17, 1881	9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 1 Days 3	IF OVER 1 YEAR Hours 3 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Hannibal Woodworking	11. BIRTHPLACE (State or foreign country) Canton Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Joseph Howell	13b. MOTHER'S MAIDEN NAME Martha S. House	14. NAME OF HUSBAND OR WIFE Selma Koblitz Howell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 490-07-8072	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles A. Howell	ADDRESS Hannibal Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Acute
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease		15 to 20 minutes
	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 4201	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 , 1952, to March 20, 1952, that I last saw the deceased alive on March 19, 1952 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE T. E. Gultzman M.D.	(Degree or title)	23b. ADDRESS Hannibal Mo.	23c. DATE SIGNED March 22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 3/20/52	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 3/20/52	REGISTRAR'S SIGNATURE H. C. Fisher Deputy	25. FUNERAL DIRECTOR'S SIGNATURE W. Crawford Smith J.S.W.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
MAR 20 1952
MARIION CO. HEALTH DEPT.
DATE FILED
MAR 20 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

John S. Ward

Signed.....
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address..... Hannibal Missouri

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.