

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12623**

FILED MAY 12 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 480

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
 c. LENGTH OF STAY (In this place) 7 weeks
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Id. Bapt. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Greene
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
 d. STREET ADDRESS (If rural, give location) Central Bible Institute

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

4. DATE OF DEATH (Month) (Day) (Year)
May 2, 1952

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify, never married?)
never married

8. DATE OF BIRTH
4 Mar. 1931

9. AGE (In years last birthday) 21
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 10 HRS. Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY
Bible College

11. BIRTHPLACE (State or foreign country)
Harrison, Arkansas

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Voyd Howell

13b. MOTHER'S MAIDEN NAME
Thelma Wilhelm

14. NAME OF HUSBAND OR WIFE
none

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

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
CHRISTESEN FUNERAL HOME, HARRISON, ARKANSAS

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) Retropentonal Hemorrhage
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Necrotizing arteritis
 DUE TO (c) Unknown Cause

INTERVAL BETWEEN ONSET AND DEATH
10 hrs
Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
456X

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) (Min.)

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 May 2, 1952, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
James T. Gove MD

23b. ADDRESS
500 Holland Bldg.

23c. DATE SIGNED
5-2-52

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

24b. DATE
4 May 1952

24c. NAME OF CEMETERY OR CREMATORY
Maplewood Cemetery

24d. LOCATION (City, town, or county) (State)
Harrison, Arkansas

DATE REC'D BY LOCAL REG.
5-9-52

REGISTRAR'S SIGNATURE
James T. Gove MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Paul C. Thome, Springfield, Missouri

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph A. Thiers

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address. Springfield, 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.