S. No. 300
v. 10.48

FILED MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13317

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 189

0495

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 2926 East 14th Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): L.
c. (Last): HOWARD

4. DATE OF DEATH (Month) (Day) (Year): April 22,1952

5. SEX: Male 0

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: February 28,1924

9. AGE (In years last birthday): 28
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): Doctor

10b. KIND OF BUSINESS OR INDUSTRY: Chiropodist

11. BIRTHPLACE (State or foreign country): Springfield, Illinois /

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

13a. FATHER'S NAME: R.L. Howard

13b. MOTHER'S MAIDEN NAME: Lela Holford

14. NAME OF HUSBAND OR WIFE: Loretta Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.# 2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Loretta Howard 2926 E.14th Joplin,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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding Ruptured Varices — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hepatic Cirrhosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 5810

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* June, 1950, *to* April 22, 1952, *that I last saw the deceased alive on* April 22, 1952, *and that death occurred at* 4:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo. Schuetz (Degree or title) D

23b. ADDRESS: 2000 Bldg Joplin Mo

23c. DATE SIGNED: 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: April 23,1952

24c. NAME OF CEMETERY OR CREMATORY: Bisch Funeral Home

24d. LOCATION (City, town, or county) (State): Springfield,Illinois

DATE REC'D BY LOCAL REG.: 4-22-52

REGISTRAR'S SIGNATURE: Edw. James 138-D
by Lucille Lamkins

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thornhill-Dillon Mort Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-30-52
Jasper County Health Office

County File Number 52/4/335
Date Filed 4-30-52

MAY 15 1952

MAY 3 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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 1770

P. O. Address Joplin, 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.