

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15636

State File No. ....

JUN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 578

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>419 No. 7th St.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Myrtle</b> b. (Middle) <b>Riley</b> c. (Last) <b>Howell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 1, 1952</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>August 24, 1885</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Gentry County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Riley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary M. Morris</b>		14. NAME OF HUSBAND OR WIFE <b>M. Newton Howell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Newton Howell, 419 N. 7th, St. Joseph, Mo.</b>	

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		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Sigmoid &amp; Rectum</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	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 Jan. 5, 1952 to June 1, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 3:55a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. [Signature]</i> (Degree or title)	23b. ADDRESS <b>823 Faraon St. Joseph, Mo.</b>	23c. DATE SIGNED <b>6/1/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/6/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>		

DATE REC'D BY LOCAL REG. <b>June 5, 1952</b>	REGISTRAR'S SIGNATURE <i>Carl C. Caslip</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Newton Bowman Funeral Home</i> <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6117

(Licensed Embalmer's Statement on Reverse Side)

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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 *James B. Hawkins* .....

Licensed Embalmer No. *4531* .....

P. O. Address *319 South 10<sup>th</sup> St. J. J. ...* .....

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.