

No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17379

NEW JUN 9 1952

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5845 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY NODAWAY	
b. CITY OR TOWN RURAL-ATCHINSON TWP		c. CITY OR TOWN RURAL ATCHINSON TWP.	
c. LENGTH OF STAY (in this place) Like		d. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Florence Rozella Howard			4. DATE OF DEATH (Month) (Day) (Year) June 5-1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED (Ever married, widowed, divorced) Widowed	8. DATE OF BIRTH Dec. 14-1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CASSVILLE, IND.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Smallwood	13b. MOTHER'S MAIDEN NAME SARAH KING	14. NAME OF HUSBAND OR WIFE Geo. Howard
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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)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS John O'Dougherty-Hopkins	ADDRESS Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 18 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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"/>
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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) m.	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 **11/1/52 to 6/5/52** that I last saw the deceased alive on **6/1, 1952**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. W. Hopkins (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 6/6/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 8-1952	24c. NAME OF CEMETERY OR CREMATORY Hopkins	24d. LOCATION (City, town, or county) (State) Hopkins Mo
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DATE REC'D BY LOCAL REG. 6-7-52	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Bess Holt	ADDRESS 209 Stealey Swanson, Hopkins Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

740
1

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 _____

..... *myself* Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Holbrook, 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.