

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23769

State File No. \_\_\_\_\_

*Poplar Bluff*  
BIRTH NO. 25 1952

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 2007 Registrar's No. 238

S. No. 300  
V. 10-48

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Malden</b>	
c. LENGTH OF STAY (in this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>Malden, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Norton</b> c. (Last) <b>Howard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 4 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>6/23/1870</b>
9. AGE (In years last birthday) <b>82</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Napoleon Ohio</b>
12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Henry Howard</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Unknown</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 <b>Dalton Howard</b>		ADDRESS <b>Malden, Mo.</b>	
<b>MEDICAL CERTIFICATION</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		DUPLICATE OF (b) <b>Acute pulmonary congestion</b>	
		DUPLICATE OF (c) <b>Hypertensive cardiovascular disease</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral vascular accident, old unk</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>44.3X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:05A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert C. Engelhardt</b> (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/6/1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>MALDEN MO.</b>	
DATE REC'D BY LOCAL REG. <b>7-14-52</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428-7</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>PAY FUNERAL HOME</b>		ADDRESS <b>MALDEN, MO.</b>	

RECEIVED  
JUL 23 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 752-373

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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

*J. D. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden

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.