

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26887**

FILED AUG 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b> <b>1031</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b> <b>1031</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b> <b>1</b>	c. LENGTH OF STAY (In this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sarah</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Howell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 3, 1952</b>
-------------------------------------	-------------------------	------------------------	-------------------------	---

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 20, 1867</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	Min.
----------------------	-------------------------------	---	--	---	------------------------	----------------------	----------------------	------

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>housekeeping</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dexter, Mo.</b> <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Calvin Riddle.</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah J. Hodge</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> <b>X X</b>	16. SOCIAL SECURITY NO. <b>X X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Earl Francis Dexter, Mo.</b>	ADDRESS
---	------------------------------------	---	---------

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>24 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremic Coma</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Heart Failure</b> DUE TO (c) <b>fecal impaction 6 days</b>		
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 <b>5704</b>	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)	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 **7-29, 1952** to **8-3, 1952** that I last saw the deceased alive on **8-3, 1952**, and that death occurred at **8:02** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S. S. Howell M.D.</b>	23b. ADDRESS <b>Dexter Mo.</b>	23c. DATE SIGNED <b>8/3/52</b>
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 5, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethel</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo. R.2</b>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>8-7-52</b>	REGISTRAR'S SIGNATURE <b>Delena V. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser.</b>	ADDRESS <b>Dexter, Mo.</b>
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.