S. No. 300
Rev. 10-48

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

AUG OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30680

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5040 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Exeter Twp
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi. W. of Exeter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wilson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredonia 8156
d. STREET ADDRESS (If rural, give location): Rt. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): Ethel
b. (Middle): Violet
c. (Last): Howell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1900
9. AGE (In years last birthday): 51 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Oloe, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harry P. Stuttle
13b. MOTHER'S MAIDEN NAME: Minnie M. Williams
14. NAME OF HUSBAND OR WIFE: Miller Edward Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Guy Whittaker, Fredonia, Kans.

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) Skull fracture + internal injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

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.
E8161
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 005
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 3 2 miles West Exeter
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Exeter Township Barry Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 6 1952 12 50 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Head on collision of car + truck on Highway #4

22. *I hereby certify that I attended the deceased from* on Oct. 6, 1952 *to* ....., 19.., *that I last saw the deceased* dead *on* Oct 6, 1952, *and that death occurred at* 12 50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul D. Hinbest 3 Coroner
23b. ADDRESS: Cassville, Mo.
23c. DATE SIGNED: 10-7-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: Oct. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dunham Funeral Home
24d. LOCATION (City, town, or county) (State): Fredonia, Kansas

DATE REC'D BY LOCAL REG.: Oct 7-1952
REGISTRAR'S SIGNATURE: Grace Williams 10-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. C. Koon, Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William A. Fulks

Licensed Embalmer No. 4658

P. O. Address Cassville, 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.