

FILED SEP 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
173

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5942 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla, Rural, Rolla Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla- Rural</u>	
c. LENGTH OF STAY (In this place) <u>15 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rolla Twp Rt 3, Newburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 3, Newburg</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>LIVERA</u> c. (Last) <u>HOWLAND</u>			4. DATE OF DEATH <u>Sept. 8, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Feb. 14, 1889</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	
11. BIRTHPLACE (State or foreign country) <u>Dunlap, Shelby Co., Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Dunlap, Shelby Co., Iowa</u>	

13a. FATHER'S NAME <u>William T. Hansen</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Mae MacIntosh</u>		14. NAME OF HUSBAND OR WIFE <u>Bert Howland</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bert Howland, Newburg Route 3, Missouri</u>	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of myocardium</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic coronary thrombosis (420.1)</u> DUE TO (c) <u>430-516.7</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		<u>well known</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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 3/8/52, to 9/8/52, 1952, that I last saw the deceased alive on 9-8-52, 1952 and that death occurred at 11:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO.</u>		23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>9-9-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Gardens</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Sept. 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1100 Elm, Rolla, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

