

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39599

State File No.

FILED DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5838 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Berwick Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles S.W. Pine City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>6th and Bond</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>MORGAN</u> c. (Last) <u>HOWDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26-52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct 22-1892</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Barry Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Lowder</u>	
13b. MOTHER'S MAIDEN NAME <u>Adeline Pettis</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY CARD <u>Card, could not be found</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Geo Maxwell from Calif</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> ANTECEDENT CAUSES DUE TO (b) <u>Was cleaning out a water well when a boulder was dislodged and</u> DUE TO (c) <u>struck him in the top of the head.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9101 410</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Newton County Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-26-52 10 A.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>Struck on head by falling boulder</u>		<u>093</u>	
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 <u>10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Cooley Thompson Sr. Coroner</u>		23b. ADDRESS <u>Neosho Missouri</u>	
23c. DATE SIGNED <u>11/6/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 31-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crossanna</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 12 1952</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u> <u>225</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thelma Bros</u>		ADDRESS <u>Pine City Mo</u>	

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

730

30

RECEIVED

District Health Officer No. _____
District File Number 1152-272
Date Filed NOV 24 1952

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

JAN 6 1953

DEC 6 1952

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 _____

Edwin P Wilks

working under my personal supervision.

Student Embalmer No.

Signed *Edwin P Wilks*

Signed.....
Student Embalmer

Licensed Embalmer No. 513

P. O. Address *Gene City, 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.