

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41787**

FILED JAN 15 1953

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5269 Registrar's No. 41

0220

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

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, McCracken		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, McCracken 0220	
c. LENGTH OF STAY (in this place) 32 Yrs.		d. STREET ADDRESS (If rural, give location) Christian	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) L. c. (Last) Howard			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1872
9. AGE (In years last birthday) 80		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Levi Howard		13b. MOTHER'S MAIDEN NAME Ann Cresen	14. NAME OF HUSBAND OR WIFE Mrs. Susannah Howard
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.	17. INFORMANT'S SIGNATURE OR NAME Homer I. Howard, Sparta, Missouri
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parasitosis of Liver + Stomach 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X	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)		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 Jan - 1952 , to Dec - 29 - 1952 , that I last saw the deceased alive on Dec - 28 - 1952 , and that death occurred at 4:45 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE L. H. Harris, M.D.		23b. ADDRESS 101 S. Spruce, Mrs.	23c. DATE SIGNED Dec 31 - 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 30, 1952	24c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery
24d. LOCATION (City, town, or county) (State) Christian, Missouri			
DATE REC'D BY LOCAL REG. Jan. 10 '53		REGISTRAR'S SIGNATURE Little Leonard	25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin, Ozark, Mo.

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.