

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42018**
Registrar's No. **1145**

REC'D DEC 29 1952
BIRTH NO. **83288**

REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY DALLAS	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) 0300 REDTOP, RURAL	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSARK OSTEOPATHIC HOSPITAL			
3. NAME OF DECEASED a. (First) HARRY b. (Middle) B. c. (Last) HOWARD			4. DATE OF DEATH (Month) (Day) (Year) DEC 21, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Dec. 20, 1952
9. AGE (In years last birthday) --- Months --- Days 1		10. KIND OF BUSINESS OR INDUSTRY ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		11. BIRTHPLACE (City and State or Foreign Country) REDTOP, MISSOURI	
13a. FATHER'S NAME JAMES HOWARD, JR.		13b. MOTHER'S MAIDEN NAME IDA MAE HEIDRICH	
14. NAME OF HUSBAND OR WIFE ---		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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 James B Howard Jr.		ADDRESS ---	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MISCARRIAGE DUE TO (c) EARLY RUPTURE OF AMNION (SPONTANEOUS) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 29 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776X	
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 DEC. 20, 1952 , to DEC. 21, 1952 , that I last saw the deceased alive on DEC. 21, 1952 , and that death occurred at 5:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harry R. Conner D.O.		23b. ADDRESS PLEASANT HOPE, Mo.	
23c. DATE SIGNED Dec 21, 1952			
24a. BURIAL, CREMATION, OR REMOVAL ---		24b. DATE 22/Dec/52	
24c. NAME OF CEMETERY OR CREMATORY Rock Prairie		24d. LOCATION (City, town, or county) (State) Rock County, Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Thomas		ADDRESS Springfield, Missouri	
DATE REC'D BY LOCAL REG. 12-23-52		REGISTRAR'S SIGNATURE Edith Williamson Reg.	

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 _____

Was not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ralph H. Truitt*

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.