

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42719**

BIRTH NO. _____ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **4267** Registrar's No. _____

540
3

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Lafayette		a. STATE Missouri		b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bates City 0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Freddie			b. (Middle) Blackston		c. (Last) Howard
(Type or Print)			(Month) Dec.		(Day) 27
			(Year) 1952		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE (In years less birthday) 71	
M	White	Married	Oct. 7, 1871	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	11. BIRTHPLACE (State or foreign country) Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
J.O. Howard		Ellen Summerfield		Biddie Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
(If yes, give war or dates of service)				Mrs. Biddie Howard, Bates City, Mo.	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Occlusion			
*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 (c) stating the underlying cause last. Due to (b) This man died shortly after a fall on the sidewalk.			
		Due to (c) W skull fracture on cerebral hemorrhage was found.			89035
		II. OTHER SIGNIFICANT CONDITIONS Head struck sidewalk during and lacerated forehead and nose and fracturing nose.			44
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATIONS			20. AUTOPSY?
No operation					YES <input checked="" 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)	
				Odessa Lafayette, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	
12-27-52 8:30 a.				slipped on sidewalk + struck forehead & nose on sidewalk	
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 _____ m., from the causes and on the date stated above.					
23a. SIGNATURE W. Martin, M.D. Coroner			23b. ADDRESS Odessa		23c. DATE SIGNED 12-27-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Bates City Cemetery	
				24d. LOCATION (City, town, or county) (State) Bates City, Mo.	
DATE REC'D BY LOCAL REG. 12-28-52		REGISTRAR'S SIGNATURE Emma Davidson		25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks	
				ADDRESS Odessa, Mo.	

JAN 27 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W. T. Sparks

Signed.....

Student Embalmer

Licensed Embalmer No. *4431*

P. O. Address *Odessa, 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.