

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4531**

FILED JAN 19 1953

BIRTH NO. _____ REG. DIST. NO. **349** PRIMARY REG. DIST. NO. **6180** Registrar's No. **1**

S. No. 300
v. 10-48

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

1. PLACE OF DEATH a. COUNTY Sullivan b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winigan. c. LENGTH OF STAY (in this place) 2 yrs d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home in Winigan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winigan d. STREET ADDRESS (If rural, give location) No street address	
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3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Simon c. (Last) Howell	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 14, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min. --- -- -- --
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William M. Howell	13b. MOTHER'S MAIDEN NAME Elzena Tenant	14. NAME OF HUSBAND OR WIFE Elizabeth Howell
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Howell, Winigan, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease (coronary) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Senile debilitation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH _____
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Nov 30, 1952, to Jan 2, 1953, that I last saw the deceased alive on Dec 25, 1952, and that death occurred at 7:45P m. from the causes and on the date stated above.

23a. SIGNATURE J.R. Wartz (Degree or title) M.D.	23b. ADDRESS Browning, Mo.	23c. DATE SIGNED JAN. 12, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Price Cemetery	24d. LOCATION (City, town, or county) (State) Linn County, Missouri
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DATE REC'D BY LOCAL REG. Jan. 15-1953	REGISTRAR'S SIGNATURE Laura M. Batlett 415	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Feat & Son, Green City, Mo.
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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

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green 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.