

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9597

State File No.

S. No. 300
V. 10.48

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 81

5420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> <u>0420</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>405 Smith Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DEAN</u> b. (Middle) <u>MASON</u> c. (Last) <u>HOWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	8. DATE OF BIRTH <u>Sept. 21, 1909</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Nevada Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Larkin Callie Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Lentz</u>		14. NAME OF HUSBAND OR WIFE <u>Effie McDonald Howell</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) <u>none</u>	16. SOCIAL SECURITY NO. <u>702 14 7448</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dean Howell, Windsor, Mo.</u> ADDRESS _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory Failure</u>	ANTECEDENT CAUSES <u>Cancer of Brain</u>				<u>12 hrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____				<u>8 wks.</u>
DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS <u>Acute Influenza.</u>				<u>6 wks.</u>
Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>193x</u>
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) _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <u>Feb. 20, 1952</u> to <u>Mar. 7, 1953</u> , that I last saw the deceased alive on <u>Mar 7, 1953</u> , and that death occurred at <u>8:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Claude M. Thurber, M.D.</u>			23b. ADDRESS <u>114 N Main Windsor Mo.</u>		23c. DATE SIGNED <u>3/8/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar-10-53</u>	REGISTRAR'S SIGNATURE <u>Florence Cedar</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Windsor Mo.</u>		

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.