

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10217**

FILED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) Lone Jack <u>7000</u>	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) town	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) Thomas		a. (First) Thomas	b. (Middle)	c. (Last) Howard	4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1953				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widower		8. DATE OF BIRTH May 16, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME FERRIC HARPER HOWARD		13b. MOTHER'S MAIDEN NAME MARGARITA WEAVER		14. NAME OF HUSBAND OR WIFE ANNA FALKENBERRY			
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 Records of Jackson Co Hosp, Indianapolis		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis cerebral artery				INTERVAL BETWEEN ONSET AND DEATH 1 week	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis					
		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 332x		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 3-11-53, 1953, to 3-16-53, 1953, that I last saw the deceased alive on 3-16-53, 1953, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Himmelschein M.D.		23b. ADDRESS Independence Mo		23c. DATE SIGNED 17 Mar 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19-53		24c. NAME OF CEMETERY OR CREMATORY LONE JACK MO.	
24d. LOCATION (City, town, or county) (State) Pleasant Hope Mo		25. FUNERAL DIRECTOR'S SIGNATURE Brownfield		ADDRESS Pleasant Hill	
DATE REC'D BY LOCAL REG. 3/18/53		REGISTRAR'S SIGNATURE N. Blangford		483	

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

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 Alan Crawford

Licensed Embalmer No. 0785 3785

P. O. Address Pleasant Hill, 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.