

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13866**

FILED **MAY 4 1953** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **410-B**

396
0

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 Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 4 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Osteopath Hospital		e. STREET ADDRESS (If rural, give location) Fountain & Harrison St.	
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) E. c. (Last) HOWARD		4. DATE OF DEATH April 22, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 6, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist		10b. KIND OF BUSINESS OR INDUSTRY Flower Gardens	9. AGE (In years last birthday) 82
11. BIRTHPLACE (City and State or Foreign Country) Republic, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. O'Neal		13b. MOTHER'S MAIDEN NAME Sarah Ellen Wallace	
14. NAME OF HUSBAND OR WIFE Martin L. Howard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Myrtle Robertson ADDRESS Springfield, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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) (Min.)	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 6-13-1951 , to 4-22-1953 , that I last saw the deceased alive on 4-22-1953 , and that death occurred at 9:35p m. , from the causes and on the date stated above.			
23a. SIGNATURE R. Mitchell (Degree or title)		23b. ADDRESS Republic, Missouri	
23c. DATE SIGNED 4/24/53		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4/25/53		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	
24d. LOCATION (City, town, or county) (State) Republic, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Max L. Foulett ADDRESS Republic, Missouri	
DATE REC'D BY LOCAL REG. 4-27-53		REGISTRAR'S SIGNATURE Edith Williamson	

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

John H. McTabb

Licensed Embalmer No. 4635

P. O. Address Republic, 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.