

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21141**

No. 300
10-48
280
1

BIRTH **FILED JUL 15 1953** REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **5330** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Crawford			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE DILLARD, MO b. COUNTY CRAWFORD		
b. CITY OR TOWN DILLARD MO		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural usage 280		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) William c. (Last) Howdeshell			4. DATE OF DEATH (Month) (Day) (Year) 7 2 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-24-1883	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY Common labor	11. BIRTHPLACE (City and State or Foreign Country) STONE HILL, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Howdeshell		13b. MOTHER'S MAIDEN NAME MARTHA EATON		14. NAME OF HUSBAND OR WIFE CLARA Howdeshell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Arvil Howdeshell ADDRESS 1313 E 55th Chicago, Ill. 90974			
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) Myocardial failure ANTECEDENT CAUSES DUE TO (b) Hemiplegia DUE TO (c) Arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 day 1 year.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4:50			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 1952 to July 2, 1953 , that I last saw the deceased alive on July 2, 1953 , and that death occurred at m. , from the causes and on the date stated above.					
23a. SIGNATURE Dr. Robert J. D.		23b. ADDRESS Steelville Mo		23c. DATE SIGNED 7/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-5-53	24c. NAME OF CEMETERY OR CREMATORY Martin Cemetery	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 7 11 53	REGISTRAR'S SIGNATURE Elsie Harrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SONRS. FUNERAL HOME STEELVILLE MO		

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

SEP 17 1958

SEP 1 1958

SEP 19 1957

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 _____

Henry M. Jones

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Henry M. Jones*

Licensed Embalmer No. *5638*

P. O. Address *St. Charles, 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.