

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25533

State File No.

FILED AUG 6 - 1953

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| BIRTH NO. _____ | | REG. DIST. NO. <u>181</u> | PRIMARY REG. DIST. NO. <u>5676</u> | Registrar's No. <u>25</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINCOLN</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0570</u> | | |
| c. LENGTH OF STAY (In this place) <u>40 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>DAVIS, MO.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis, MO</u> | | | | |
| 3. NAME OF DECEASED a. (First) <u>NANCY</u> | | b. (Middle) <u>ELIZABETH</u> | | c. (Last) <u>Howell</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1953</u> | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>JAN. 7, 1870</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | |
| 13a. FATHER'S NAME <u>RICHARD KNOX</u> | | 13b. MOTHER'S MAIDEN NAME <u>HANNAH DUNN</u> | | 14. NAME OF HUSBAND OR WIFE <u>ALTON E. HOWELL</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia 2nd to carcinoma</u> DUE TO (c) <u>Uremia + thrombophlebitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> |
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 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 <u>May 7</u> , 19 <u>53</u> , to <u>July 22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 22</u> , 19 <u>53</u> , and that death occurred at <u>11: P</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Thomas K. Merchants M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Tracy, Mo.</u> | | 23c. DATE SIGNED <u>July 25-1953</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>July 27 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OLD ALEXANDRIA</u> | | 24d. LOCATION (City, town, or county) (State) <u>Tracy, MO</u> |
| DATE REC'D LOCAL REG. <u>8/5/53</u> | REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Coy</u> | | ADDRESS <u>Tracy, Mo.</u> |

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

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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 W H Van Matre

Licensed Embalmer No. 28257

P. O. Address Elleberry 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.