

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27934**

FILED SEP 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **295**

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

1. PLACE OF DEATH a. COUNTY <b>CALLOWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CALLOWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FULTON MISSOURI</b>		c. LENGTH OF STAY (in this place) <b>1 yr 1 m</b>	c. CITY OR TOWN <b>FULTON MISSOURI</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 1.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>p143</b>		e. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>Henrietta</b>	a. (First)	b. (Middle)	c. (Last) <b>Howe</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 2nd 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept 3rd 1886</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Keeping own home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Keeping own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CALLOWAY COUNTY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Benjamin Sheley</b>	13b. MOTHER'S MAIDEN NAME <b>Priscilla Ann Reno</b>	14. NAME OF HUSBAND OR WIFE <b>Not given</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>	ADDRESS <b>Fulton Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myo-Carditis</b>	DUE TO (b) <b>Generalized arterio Sclerosis, Long Standing</b>		<b>Long</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 6 - 1953**, to **Sept 2 - 53**, that I last saw the deceased alive on **Sept 2nd, 1953**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J Henry Fowler M. D.</b>	23b. ADDRESS <b>Fulton Missouri</b>	23c. DATE SIGNED <b>Sept 2nd 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 3 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Guthrie Cemet</b>	24d. LOCATION (City, town, or county) (State) <b>Guthrie Mo</b>
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DATE REC'D BY LOCAL REG. <b>Sept 5 1953</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walt Cloyport</b>	ADDRESS <b>New Bloomfield</b>
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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.....  
Signature of Student Embalmer

Signed *Le Roy Clayson*.....

Licensed Embalmer No. *441*.....

P. O. Address *New Bloom*.....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.