

FILED SEP 2 - 1953
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STANDARD CERTIFICATE OF DEATH

State File No. 29000

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction, Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>616 Locust Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>			

3. NAME OF DECEASED a. (First) <u>RAYMOND</u> b. (Middle) <u>Leonard</u> c. (Last) <u>HOWARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Nov 13th, 1906</u>
9. AGE (In years last birthday) <u>46</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Route 1, Carl Junction, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>S. W. Howard</u>	
13b. MOTHER'S MAIDEN NAME <u>Etta Miller</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, state war or dates of service) <u>WW I</u>	16. SOCIAL SECURITY NO. <u>509-12-4801</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Etta Howard, Carl Junction, Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basal skull fracture</u>			<u>2 days</u>
	DUE TO (c) <u>Auto accident</u>			
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>N. Main St. Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin, Jasper Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 - 18-53-11:15 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile collision</u>

22. I hereby certify that I attended the deceased from 8/18, 1953, to 8/20, 1953, that I last saw the deceased alive on 8/20, 1953, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>420 Byers, Joplin, Missouri</u>	23c. DATE SIGNED <u>8/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOWARD Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-26-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Carl Junction</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1953

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 Harry E. Aruse

Licensed Embalmer No. 4463

P. O. Address Web City 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.