

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED AUG 26 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 378

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) 308 N. COX	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) NOAH	c. (Last) HOWELL	4. DATE OF DEATH (Month) (Day) (Year) AUG. 15, 1953
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 21, 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 6 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY INDEPENDENT GRAVEL CO.	11. BIRTHPLACE (State or foreign country) NEWTONIA, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE BEATRICE HOWELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME BEATRICE HOWELL, 308 N. COX, JOPLIN	ADDRESS JOPLIN
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 sec
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation		8 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cachexia DUE TO (c) Cancer of fundus of stomach		1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aplastic anemia			8 mos

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 151X	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.) N.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JOPLIN, MISSOURI
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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? _____
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22. I hereby certify that I attended the deceased from Mar, 1953, to Aug 15, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 1 m., from the causes and on the date stated above.

23a. SIGNATURE R. K. Sawyer M.D.	(Degree or title) _____	23b. ADDRESS 775 Frisco Bldg	23c. DATE SIGNED 8/17/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-18-53	24c. NAME OF CEMETERY OR CREMATORY PARKWAY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. 8-20-53	REGISTRAR'S SIGNATURE W. S. James	138	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 24 1953

RECEIVED

Office

689

AUG 24 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.