

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4292 Registrar's No.

570
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WINFIELD</u>		c. LENGTH OF STAY (In this place) <u>Asympt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u> <u>0570</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>DAVID</u>	c. (Last) <u>HOWARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 2, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	8. DATE OF BIRTH <u>OCT. 28, 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager-retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN ELEVATOR</u>	11. BIRTHPLACE (State or foreign country) <u>RFD - Elsberry, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John L. Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Grimes</u>	14. NAME OF HUSBAND OR WIFE <u>Isabella Howard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>YES - NO. NUMBER NOT KNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. D. Howard</u>	ADDRESS <u>Winfield, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Acute Broncho-Pneumonia</u>		<u>4 days</u>
DUE TO (c) <u>Acute Intestinal Obstruction</u>		<u>74 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of lungs and Pleurae</u>		<u>5 months ago</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>491 x H</u>	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 Nov. 1, 1950, to Sept. 2, 1953, that I last saw the deceased alive on Sept. 2, 1953, and that death occurred at 10:22 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. F. L. Sutton</u>	23b. ADDRESS <u>Winfield, Mo.</u>	23c. DATE SIGNED <u>9/4/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/4/53</u>	24c. NAME OF CEMETERY OR CREMATORIAL <u>WINFIELD</u>	24d. LOCATION (City, town, or county) (State) <u>Winfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-9-53</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuland</u>	ADDRESS <u>Elsberry, Mo.</u>
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SEP 1 1955

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.

Signed *[Handwritten Signature]* Student Embalmer No. _____

Signed.....
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Esherry, 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.