

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31060

State File No.

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1073

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Buchanan</p>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">20 yrs.</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Easton</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">/</p>
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">D.O.A. St. Josephs Hospital</p>					
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">George</p>			b. (Middle) <p style="text-align: center;">Andrew</p>		c. (Last) <p style="text-align: center;">Howard</p>
4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">October 2, 1953</p>					
5. SEX <p style="text-align: center;">male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>	8. DATE OF BIRTH <p style="text-align: center;">August 2, 1890</p>		9. AGE (In years last birthday) Months Days Hours Min. <p style="text-align: center;">63</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">farm</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">N. Henderson, Illinois</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
13a. FATHER'S NAME <p style="text-align: center;">Andrew Howard</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Martha Holmes</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Ida</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. Ida Howard, Easton, Missouri</p>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<p style="text-align: center;">Coronary Occlusion</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">approx 15 mi</p>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <p style="text-align: center;">Coronary Insufficiency</p>		approx 2 1/2 yr
			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 <p style="text-align: center;">4201</p>			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) (Min.)		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>3-16</u> , 19 <u>51</u> , to <u>10-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>53</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <p style="text-align: center;">Wm B. Postman</p>			23b. ADDRESS <p style="text-align: center;">316 No. 10th St. City</p>		23c. DATE SIGNED <p style="text-align: center;">10-3-53</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>		24b. DATE <p style="text-align: center;">10/5/1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Kidder Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kidder, Missouri</p>
DATE REC'D BY LOCAL REG. <p style="text-align: center;">Oct 8, 1953</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Bother M. Allison</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Heaton-Brewer Fun Home St Joseph Mo.</p>	

(Licensed Embalmer's Statement on Reverse Side)

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. 493

working under my personal supervision.

Student

Richard D. Collins
Student Embalmer

Signed

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 S 10th, St Joseph

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.