

STANDARD CERTIFICATE OF DEATH

32637

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4 Miles N Bowling Green		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) 207 E. College	

3. NAME OF DECEASED (Type or Print) a. (First) Roger b. (Middle) Glen c. (Last) Howard			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8 1953		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 8, 1921	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months 7	IF UNDER 11 HRS. Days 0	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, from 14 retired) Letter carrier	10b. KIND OF BUSINESS OR INDUSTRY post office	11. BIRTHPLACE (State or foreign country) Bowling Green Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Lee Howard	13b. MOTHER'S MAIDEN NAME Lena May Tombs	14. NAME OF HUSBAND OR WIFE Lucille Howard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give number and dates of service) yes WW II	16. SOCIAL SECURITY NO. 495-18-7406	17. INFORMANT'S SIGNATURE OR NAME Lucille Howard	ADDRESS bowling green, Mo.
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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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Trauma to Heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed Chest DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Car overturned			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMEHADE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Bowling Green Mo. (STATE) 82
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 8 53 la m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased ~~deceased~~ on Sept 8, 1953, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Mudd	(Degree or title) Coroner	23b. ADDRESS Bowling Green Mo.	23c. DATE SIGNED Sept 14 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-10-53	24c. NAME OF CEMETERY OR CREMATORY Bowling Green City Cem	24d. LOCATION (City, town, or county) (State) Bowling Green, Mo.
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DATE REC'D BY LOCAL REG. 9-16-53	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Mudd	ADDRESS Bowling Green Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1953

OCT 8 1953

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James E. Mudd*
Licensed Embalmer No. *4152*

P. O. Address *Bowling Green, 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.