

FILED SEP 24 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33433

8538

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

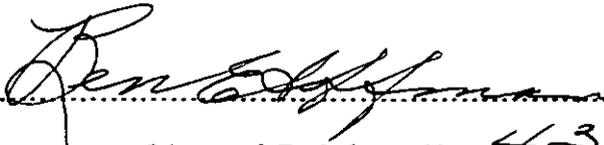
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN MADISON
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ALBERT c. (Last) HOWARD		4. DATE OF DEATH (Month) (Day) (Year) 8 - 28 - 53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 15 - 1899
9. AGE (In years last birthday) 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARD CLERK - VENICE RAILROAD	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George HOWARD		13b. MOTHER'S MAIDEN NAME Minnie Upp	
14. NAME OF HUSBAND OR WIFE NADINE HOWARD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME CHAS. HOWARD - MADISON - ILL.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNGS ANTECEDENT CAUSES @ACHEXIA DUE TO (b) 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 163X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 August 23, 1953, to August 28, 1953, that I last saw the deceased alive on August 28, 1953, and that death occurred at 1:20 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Husband		23b. ADDRESS Mrs. P. Upp	
23c. DATE SIGNED 8-29-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-29-53	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) MADISON - ILL.	
DATE REC'D BY LOCAL REG. SEP 2 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		M. L. HAY 2. W. - MADISON - ILL.	

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

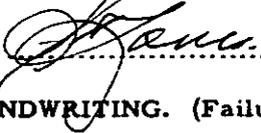
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 43

P. O. Address.....


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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.