

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH 4079

State File No. 35268

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 41-79 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Tenn</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Randhes</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u>	
c. LENGTH OF STAY (in this place) <u>4 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1287 North Watkins St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home of Mrs G E Gore</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u>		b. (Middle) <u>Tabitha</u>	
c. (Last) <u>Howder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 2 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept 5, 1869</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Buncomb Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Allen Russell</u>		13b. MOTHER'S MAIDEN NAME <u>houisa Hubbard</u>	
13c. NAME OF HUSBAND OR WIFE <u>Silas Gideon Howder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Howder Crescent St House</u>		ADDRESS <u>Mo</u>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>			
DUE TO (c) <u>old age</u>			
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 checked="" type="checkbox"/>		<u>3-9-1X</u>	
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)		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>JAN 2, 1953</u> to <u>NOV 2, 1953</u> that I last saw the deceased alive on <u>Oct 30, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W W Barwick M D</u>		23b. ADDRESS <u>Delta Mo</u>	
23c. DATE SIGNED <u>NOV 3 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-4-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Friend</u>		24d. LOCATION (City, town, or county) (State) <u>Oran Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 4 53</u>		REGISTRAR'S SIGNATURE <u>D. G. Lumber 43-</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisphinghoff</u>		ADDRESS <u>Funerok Home chaffee Mo</u>	

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
Student Embalmer

Signed

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee 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.