

FILED NOV 2-1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36940**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **356**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>		c. CITY OR TOWN <b>Farmington</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Pension Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>0941</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Howell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 21 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 21 1888</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b>	Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Mary's, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Oliver Howell</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Carver</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bob Spratt</b> ADDRESS <b>Pension Rest Home</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia tuberculosis</b>		MEDICAL CERTIFICATION <b>Farmington, Mo.</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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) <b>002 X</b>
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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?
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22. I hereby certify that I attended the deceased from **Sept 10 1953**, to **Oct 21 1953**, that I last saw the deceased alive on **Oct 16 1953**, and that death occurred at **8 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L.M. Stankiewicz</b> (Degree or title)	23b. ADDRESS <b>Farmington</b>	23c. DATE SIGNED <b>10/23/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 21, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old Pendleton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Doe Run, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 24, 1953</b>	REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cozean Funeral Home</b> ADDRESS <b>Farmington Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *C. Hozean*

Licensed Embalmer No. *4084*

P. O. Address *Farmington*

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.