No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40617

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10860

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place): 40 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MO PAC HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KY
b. COUNTY: 8160
c. CITY OR TOWN: MIDDLESBORO
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 8
e. STREET ADDRESS (If rural, give location): MIDDLESBORO HOTEL

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WATSON
c. (Last): HOWELL

4. DATE OF DEATH (Month) (Day) (Year): NOV. 14 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-2-78
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SWITCHMAN - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: MISSOURI-PAC. R.R.
11. BIRTHPLACE (City and State or Foreign Country): LIVINGSTON KY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE HOWELL
13b. MOTHER'S MAIDEN NAME: LOUISA BLEDSOE
14. NAME OF HUSBAND OR WIFE: CLEO HOWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): SPANISH-AMERICAN
16. SOCIAL SECURITY NO.: 702-18-2333
17. INFORMANT'S SIGNATURE OR NAME: GERTRUDE REDINGER — ADDRESS: CORRECTIONVILLE IAN

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) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis. — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lung abscesses rt. — Oct 1 1953

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4200

22. *I hereby certify that I attended the deceased from* Oct 6, 1953, *to* Nov. 14, 1953, *that I last saw the deceased alive on* Nov. 14, 1953, *and that death occurred at* 9:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Roland E. Hoots (Degree or title) M.D.
23b. ADDRESS Mo-Pac Hosp.
23c. DATE SIGNED 11.16.53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: NOV 16-1953
24c. NAME OF CEMETERY OR CREMATORY: MIDDLESBORO CEMETERY
24d. LOCATION (City, town, or county) (State): MIDDLESBORO KY

DATE REC'D BY LOCAL REG.: NOV 16 1953
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm J Robert & U. Co. 1905 S. Grand
E.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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.