

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43548

State File No. ....

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 594

0581

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

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>APPENOUSE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>CENTERVILLE</u> <u>8140</u>	d. STREET ADDRESS (If rural, give location) <u>820 S. MAIN</u> <u>8</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 W. GRAZIA</u>		3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>MITCHELL</u> c. (Last) <u>HOWE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>9</u> <u>1953</u>	5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>
8. DATE OF BIRTH <u>MAY 25 1881</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>1A</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CLEVELAND IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>ALEXANDER MITCHELL</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN MITCHELL</u>	14. NAME OF HUSBAND OR WIFE <u>CHAS. F. HOWE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>482-03-8167</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. E. Thorne</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADVANCED CARCINOMATOSIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PRIMARY CARCINOMA BREAST</u> DUE TO (c)  11. 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 <u>170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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>APRIL, 1953</u> , to <u>Dec. 9, 1953</u> , that I last saw the deceased alive on <u>NOV 15, 1953</u> , and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul T. Berry M.D.</u>		23b. ADDRESS <u>Marceline, Mo.</u>	23c. DATE SIGNED <u>12-10-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>MYSTIC IOWA</u>
DATE REC'D BY LOCAL REG. <u>12-9-53</u>	REGISTRAR'S SIGNATURE <u>Marjorie Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. K. Tillatou</u>	ADDRESS <u>Marceline 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 Wilburn K. Tillatson

Licensed Embalmer No. 4508

P. O. Address Marceline, 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.