

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

State File No. **45002**

FILED JAN 21 1954

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5142** Registrar's No. **98**

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1

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEELY TWP		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Mi. S.E. Neelyville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Freeborn Township)	
		d. STREET ADDRESS (If rural, give location) Clarkton, Missouri Route 1	
3. NAME OF DECEASED (Type or Print) a. (First) Claude		b. (Middle)	c. (Last) Howard
		4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1902
		9. AGE (in years) (last birthday) 51	IF UNDER 1 YEAR (Month) (Day) (Hour) 4 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Clarkton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wess Howard		13b. MOTHER'S MAIDEN NAME Hettie Todd	14. NAME OF HUSBAND OR WIFE Edith 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 James Howard ADDRESS Clarkton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	
		ANTECEDENT CAUSES	
		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"/>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:05 p.m. from the causes and on the date stated above.			
23a. SIGNATURE Howard Greer (Degree or title) Coroner		23b. ADDRESS Clarkton, Mo.	23c. DATE SIGNED 1/12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Stanfield Cem.	24d. LOCATION (City, town, or county) (State) Clarkton, Mo.
DATE REC'D BY LOCAL REG. 1/14/54	REGISTRAR'S SIGNATURE R.N. Mueller	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home ADDRESS Campbell, Mo.	

RECEIVED
JAN 18 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.