No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15647

BIRTH NO. FEB 16 1954 REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6131 Registrar's No. 275

1. PLACE OF DEATH
a. COUNTY: Shannon 1010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montier Mo
c. LENGTH OF STAY (In this place): 23days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montier Mo 1010
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Ann
c. (Last): Howell

4. DATE OF DEATH (Month) (Day) (Year): Aug 7th 1953

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct 14 1869.
9. AGE (In years last birthday): 84 — If under 1 year: Months 10, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: B.H. Lanham
13b. MOTHER'S MAIDEN NAME: Sophia Mooney
14. NAME OF HUSBAND OR WIFE: Hiram Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Stella Young
ADDRESS: Montier Mo

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) Apoplexy

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334X
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?:

22. *I hereby certify that I attended the deceased from* Aug 2, 1953, *to* 7, 1953, *that I last saw the deceased alive on* Aug 2, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Davis (Degree or title): MD
23b. ADDRESS: Birch Tree Mo
23c. DATE SIGNED: 12/9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 8 53
24c. NAME OF CEMETERY OR CREMATORY: New Winona, Cem
24d. LOCATION (City, town, or county) (State): Winona, Mo

DATE REC'D BY LOCAL REG.: 2-15-54
REGISTRAR'S SIGNATURE: Mabel Gaeen 447
25. FUNERAL DIRECTOR'S SIGNATURE: DUNCAN FUNERAL HOME
ADDRESS: MOUNTAIN VIEW, MO.

(Licensed Embalmer's Statement on Reverse)

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 John F Duncan

Licensed Embalmer No. 2516

P. O. Address Mexico 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.