

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1669

State File No.

BIRTH NO. 70515-53 FILED FEB 5 1954 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rural Van Buren Twp. 1 West</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7-138 Lakelandiana</u>		d. STREET ADDRESS (If rural, give location) <u>3338 Forest 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carol</u> b. (Middle) <u>Ann</u> c. (Last) <u>Howell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-54</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>Sept 21-1954</u>	9. AGE (In years last birthday) <u>4</u>	# UNDER 1 YEAR <u>4</u>	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during major working life, even if retired) <u>Baby</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Stanley Howell</u>	13b. MOTHER'S MAIDEN NAME <u>Dorlene Curtis</u>	14. NAME OF HUSBAND OR WIFE
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorlene Howell</u>	ADDRESS <u>3338 Forest K.C. Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spina Cephal</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital defect</u> 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)
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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?
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22. I hereby certify that I attended the deceased from 1-11-1954 to 1-25-1954; that I last saw the deceased alive on 1-25-1954, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Cliff Miller M.D. Registrar</u>	23b. ADDRESS	23c. DATE SIGNED <u>1-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-25-54</u>	REGISTRAR'S SIGNATURE <u>W B Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W B Langford</u>	ADDRESS <u>Leis Summit</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

not Embalmed
Signed *J. B. Daney, Jr.*

Licensed Embalmer No. *3833*

P. O. Address *Leis Summit*

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.