No. 300
10.46

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

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2298

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps 0810
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Spring Creek D
d. STREET ADDRESS (If rural, give location): Edgar Springs

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): William
c. (Last): Howser

4. DATE OF DEATH (Month) Jan. (Day) 6 (Year) 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 6/28/1946
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months 6, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Howard Howser
13b. MOTHER'S MAIDEN NAME: Venus Blankenship
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Howard Howser, Edgar Springs, Missouri

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) Cerebral Hemorrhage + Hypostatic Pneumonia + lung Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 17 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stellate fracture of parietal Bone, nine fractured ribs, punctured — 17 hours
DUE TO (c) lung, Basal skull fracture

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E8124 25

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
081
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.): Highway 63 Near Edgar Springs, Mo.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Phelps, Co.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 5 1954 4:15 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck by Car while crossing Highway

22. *I hereby certify that I attended the deceased from* Jan 5, 1954, *to* Jan 6, 1954, *that I last saw the deceased alive on* Jan 6, 1954, *and that death occurred at* 10:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard E. Nyens D.D.
23b. ADDRESS: Newburg, Mo.
23c. DATE SIGNED: Jan 7 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/1954
24c. NAME OF CEMETERY OR CREMATORY: Seaton
24d. LOCATION (City, town, or county) (State): Maries County, Missouri

DATE REC'D BY LOCAL REG.: Jan. 11, 1954
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380-0
25. FUNERAL DIRECTOR'S SIGNATURE: Fred H. Gilbert
ADDRESS: Dixon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

County File Number _____
Date Filed 1-18-53

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 _____ 1-6-1954 Student Embalmer No. _____ working under my personal supervision.

Student .....
Student Embalmer

Signed Fred H. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.