

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3742

State File No.

FILED FEB 9 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> 10827 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u> | |
| b. CITY OR TOWN <u>Nevada</u> | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> 1082 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Late Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>319 East Cherry St.</u> 0 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Mary</u> c. (Last) <u>Howell</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25</u> 1954 |
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|----------------------|-------------------------------|---|--------------------------------------|--|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2 | 8. DATE OF BIRTH <u>Oct. 25-1886</u> | 9. AGE (In years) Last birthday <u>67</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. |
|----------------------|-------------------------------|---|--------------------------------------|--|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife & Tax Collector</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Richhill Mo.</u> 0 | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Carroll Andrew J. Howell</u> | 13b. MOTHER'S MAIDEN NAME <u>Alice Miller</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-14-1162</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Howell - 115 Morningside Drive - Ke. Mo.</u> | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>sev yrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Pernicious Anemia</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | 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) m. | 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 Sept. 17, 1947, to Jan. 24, 1954, that I last saw the deceased alive on 1-9, 1954 and that death occurred at 6:30 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Ernest A. Davis, M.D.</u> | 23b. ADDRESS <u>Nevada, Mo.</u> | 23c. DATE SIGNED <u>1-26-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 28th 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada</u> <u>Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-2-1954</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u> 451 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays - Nevada, Mo.</u> | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

How Davis

MAY 21 1954

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

H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Nevada, 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.