

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4676**

5321-54
FILED FEB 23 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Neuro</u>		2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Neuro</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (If this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>666 Missouri 046/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Surgical Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rickey</u> b. (Middle) <u>Dolan</u> c. (Last) <u>Howard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-1954</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>0</u>	8. DATE OF BIRTH <u>2-3-1954</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Hours <u>0</u>	IF UNDER 1 YEAR Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	11. BIRTHPLACE (State or foreign country) <u>West Plains, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Dolan Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Ma Bonham</u>	14. NAME OF HUSBAND OR WIFE <u>0</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>0</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Smith, West Plains Mo</u>	ADDRESS <u>0</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>18 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u> "blue baby" ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

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) <u>7544</u> (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 I 24 54 19 to I 24 54 19, that I last saw the deceased alive on I 24 54 19, and that death occurred at 8:46 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J B Stoll M.D.</u>	23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>2 13 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>	24b. DATE <u>2-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-19-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>	ADDRESS <u>West Plains Mo</u>
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WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

D. A. Robertson

Licensed Embalmer No. *3437*

P. O. Address *West Plain, N.J.*

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.