No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5263

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #4 Carthage
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marion Twn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage Rt. #4
d. STREET ADDRESS (If rural, give location): Marion Twn.

3. NAME OF DECEASED (Type or Print)
a. (First): Murry
b. (Middle): Lyle
c. (Last): Howard

4. DATE OF DEATH (Month) (Day) (Year): 2-24-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-23-1888
9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

13a. FATHER'S NAME: William Howard
13b. MOTHER'S MAIDEN NAME: Eliza Mc Kinnley
14. NAME OF HUSBAND OR WIFE: Mattie Nash Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk.
16. SOCIAL SECURITY NO.: 492-36-2231A
17. INFORMANT'S SIGNATURE OR NAME: Mattie Howard — **ADDRESS**: Carthage, 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) Metastatic malignancy of liver — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
Recent removal of reticulum cell sar-
DUE TO (b) coma of the right axilla — 3 mos.
DUE TO (c) Azotemia with uremia due to above

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: 155X
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* 1/25, 1954, *to* 2/24, 1954, *that I last saw the deceased alive on* 2/24, 1954, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles Z. Schell (Degree or title) MD
23b. ADDRESS: 201 W. Third, Carthage, Missouri
23c. DATE SIGNED: 2/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-27-1954
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
24d. LOCATION (City, town, or county) (State): Jasper County Missouri

DATE REC'D BY LOCAL REG.: 2-27-54
REGISTRAR'S SIGNATURE: Lloyd B. Clinton M.D. 139-0
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 4 1954
Jasper County Health Office
County File Number 54-3-18
Date Filed MAR 4 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 Edwin C. Helmer Jr.

Licensed Embalmer No. 4955

P. O. Address Carthage, 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.