

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9262

State File No.

No. 300
10-48

540
3

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

BIRTH FILED MAR 23 1954		REG. DIST. NO. <u>172</u>	PRIMARY REG. DIST. NO. <u>5670</u>	Registrar's No. <u>22</u>
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Will</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>High Prairie</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joliet</u> 8120 ^g	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>1110 Gardner st</u>		
3. NAME OF DECEASED (Type or Print) (First) <u>Ruth</u> (Middle) <u>L</u> (Last) <u>Howell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-28-1907</u>	9. AGE (In years last birthday) <u>46</u> <small>if UNDER 1 YEAR Months Days if OVER 1 Mtn. Hours Mtn.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Topeka Kans</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>WILLIAM CONKLIN</u>		
13b. MOTHER'S MAIDEN NAME <u>FLORENCE MILLS</u>		14. NAME OF HUSBAND OR WIFE <u>Charles M. Howell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound Fracture of skull</u>		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>multiple fractures of extremities and ribs</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Head on motor car collision on no 40 highway 1/2 mile W of highway 13 junction</u>		DUE TO (b) <u>and</u>		
DUE TO (c)		DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE MURDER (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no 40 highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jagersville Lafayette Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>3-19-1954 2:20</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Head on motor car collision</u> 054		
22. I hereby certify that I attended the deceased from <u>after death</u> , to <u>3-19-1954</u> , that I last saw the deceased alive on <u>3-19-1954</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Martin M. Coroneo</u>		23b. ADDRESS <u>Oessa Mo</u>		23c. DATE SIGNED <u>3-19-54</u>
24a. BURIAL, CREMATION, REBURNAL (Specify) <u>REBURNAL</u>	24b. DATE <u>MARCH 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood T</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 22-54</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> 154- <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Baker Jagersville</u>		

MAY 12 1950

MAY 26 1950

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 Roy F. Wiegert

Licensed Embalmer No. 2883

P. O. Address Higginsville Md

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.