

FILED MAY. 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15937**  
**1964**

|   |                               |  |  |   |  |   |  |
|---|-------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |                               | c. LENGTH OF STAY (in this place)<br><u>3 hrs.</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Joplin (mailing address)</u>                                   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>  |                               |  |  | d. STREET ADDRESS (If rural, give location)<br><u>Rt. #4</u> <span style="float: right;">0490<br/>/</span>                                |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Gary</u>   |                               | b. (Middle) <u>Wayne</u>   |  | c. (Last) <u>Howard</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5-1-1954</u>                            |  |
| 5. SEX <u>Male</u>  | 6. COLOR OF RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Child</u>   | 8. DATE OF BIRTH <u>June 25, 1948</u>                        | 9. AGE (In years last birthday) <u>7 yr.</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>STUDENT</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>GRADE SCHOOL</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Joplin, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME<br><u>Jess Howard</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Alice Metley</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Child</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                               | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Jess Howard, Rt. #4, Joplin, Mo.</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                        |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute rheumatic myocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 weeks</u><br><br><u>40120</u>              |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 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 <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 <u>5-1</u> , 1954, to <u>5-1</u> , 1954, that I last saw the deceased alive on <u>5-1</u> , 1954, and that death occurred at <u>8:00 p. m.</u> , from the causes and on the date stated above. |                               |  |  |   |  |   |  |
| 23a. SIGNATURE <u>Wayne Hart, MD</u> (Degree or title)  |                               | 23b. ADDRESS <u>Children's Mercy Hosp. K.C., Mo.</u>   |  | 23c. DATE SIGNED _____  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>   |                               | 24b. DATE<br><u>5/2/54</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>OSBORN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Joplin, Missouri</u>  |  |   |  |
| DATE REC'D BY LOCAL REG.<br><u>5-1-54</u>   |                               | REGISTRAR'S SIGNATURE<br><u>Sheldine Smith</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Dw. Newcomer</u> ADDRESS <u>1331. DR. 13. JOPLIN, MO.</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

*Rollie Kessel*

Licensed Embalmer No. 4690

P. O. Address K. C. 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.