

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

16783

State File No. _____
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>2104</u>		PRIMARY REG. DIST. NO. <u>5892</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>OSARK</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>OSARK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dora</u>				c. LENGTH OF STAY (in this place) _____			
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>				d. STREET ADDRESS (If rural, give location) <u>DORA</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richland Jwp</u>				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HENRY</u>		b. (Middle) <u>H.</u>		c. (Last) <u>HOWARD</u>	
4. DATE OF DEATH		(Month) - (Day) (Year)		<u>5-23-54</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>10-23-1864</u>	
9. AGE (in years last birthday) <u>87</u>		10. IF OTHER: YEAR _____ MONTH _____ DAY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>IRE CO. ILL</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during last week, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZENSHIP OF WHAT COUNTRY	
<u>Retired</u>		<u>RETIRED</u>		<u>IRE CO. ILL</u>		<u>USA</u>	
13a. FATHER'S NAME <u>HARMON H.</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA J</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DEE HOWARD</u>		ADDRESS <u>592 X</u>	
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					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u>		INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic myocarditis</u>					
DUE TO (c) <u>Chronic nephritis</u>							
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 _____					
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) _____		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 _____, 19 <u>41</u> , to <u>5-23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-18</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Daniel R. Jones D.O.</u>		23b. ADDRESS <u>Balsamwood, Mo.</u>		23c. DATE SIGNED <u>6-1-54</u>			
24. BURIAL, CREMATION, REMAINS (Specify) <u>BURIAL</u>		24a. DATE <u>5-24-1954</u>		24b. NAME OF CEMETERY OR CREMATORY <u>BALL</u>		24c. LOCATION (City, town, or county) (State) <u>OSARK MO</u>	
DATE REC'D BY LOCAL REG. <u>JUN 14 1954</u>		REGISTRAR'S SIGNATURE <u>Hyde A. Bridges</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Rufus Berger</u>		ADDRESS <u>Byman MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

This Body Was Not Embalmed

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.