

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24061

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3026		Registrar's No. 164	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Moberly		0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION 423 No Ault				d. STREET ADDRESS (If rural, give location) 423 No Ault			
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) Mae		c. (Last) Howell		4. DATE OF DEATH (Month) (Day) (Year) July 10th 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 15th 1868		9. AGE (In years last birthday) 86	10. UNDER 1 YEAR 2	11. UNDER 1 MIN. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Jack Woods		13b. MOTHER'S MAIDEN NAME Susan Mc Gee		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Howell, Moberly, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis generalized					10 years
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Sensitivity					undetermined
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June 7, 1954 , to July 10, 1954 , that I last saw the deceased alive on July 2, 1954 , and that death occurred at 1st m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clarence C. Cohen M.D.				23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED July 10 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-54	24c. NAME OF CEMETERY OR CREMATORY Holiday		24d. LOCATION (City, town, or county) (State) Holiday, Mo		
DATE REC'D BY LOCAL REG. 7-12-54		REGISTRAR'S SIGNATURE Clarence C. Cohen		FUNERAL DIRECTOR'S SIGNATURE Mahan and Son		ADDRESS Moberly, Mo	

(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 Frank J. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly, 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.