

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28175

FILED SEP 3 1954

0570

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

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy	
c. LENGTH OF STAY (in this place) 2 Yrs		d. STREET ADDRESS No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION No Street address		d. STREET ADDRESS No street address	
3. NAME OF DECEASED (Type or Print) a. (First) Gilbert b. (Middle) Nichols c. (Last) Howell		4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1911.
9. AGE (In years last birthday) 42		10. KIND OF BUSINESS OR INDUSTRY Tank Truck	11. BIRTHPLACE (State or foreign country) Lincoln Co. Missouri.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Salesman		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Elmer C. Howell		13b. MOTHER'S MAIDEN NAME Lillie Mae Holmes	
14. NAME OF HUSBAND OR WIFE Teena Howell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NUMBER None 488-18-9129	
17. INFORMANT'S SIGNATURE OR NAME Mrs Teena Howell Troy, Missouri.		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) Coronary Thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 20 Min.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Coroner (Degree or title) Joseph J. Marsh		23b. ADDRESS 351 Monroe St Troy, Missouri	
23c. DATE SIGNED 8/27/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28, 1954	
24c. NAME OF CEMETERY OR CREMATORY Hawk Point Cem.		24d. LOCATION (City, town, or county) (State) Hawk Point, Missouri.	
DATE REC'D BY LOCAL REG. 8/22-54		REGISTRAR'S SIGNATURE Emma B. Riddle '62	
25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home, Troy, Missouri.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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, ~~XXX~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.