

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29647**

FILED AUG 26 1954

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|--|---|--|--|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>362</u> | | PRIMARY REG. DIST. NO. <u>4531</u> | | Registrar's No. <u>63</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u> | | c. LENGTH OF STAY (In this place) <u>0 yrs 11 mo</u> | | c. CITY OR TOWN <u>Sibley</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u> | | | | No. STREET ADDRESS (If rural, give location) <u>0570 1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>HOWELL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1954</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 31 1892</u> | | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR 10. Months <u>2</u> | IF UNDER 12 HRS. 11. Days <u>15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wm Hammett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Scott Howell</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Wm Richardson</u> | | ADDRESS <u>Troy Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>sh</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>with arteriosclerosis of heart</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stroke</u> | | | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4-200</u> | | | | | 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 <u>8-16</u> , 19 <u>54</u> , to <u>8-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-16</u> , 19 <u>54</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Wm Richardson M.D.</u> | | | | 23b. ADDRESS <u>Warrenton Mo.</u> | | 23c. DATE SIGNED <u>8-19-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 18 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-24-54</u> | | REGISTRAR'S SIGNATURE <u>Floyd Logan</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Boy</u> | | | |
| | | | | ADDRESS <u>Troy Mo</u> | | | |

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Wayne McLean*.....
Licensed Embalmer No. *B5*.....
P. O. Address *Troy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.