

31199

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4305</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>			
b. CITY OR TOWN <u>Anderson</u>		c. LENGTH OF STAY (in this place township) <u>5 mos.</u>		c. CITY OR TOWN <u>Noel</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>None</u>				STREET ADDRESS (If rural, give location) <u>City 0600</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u> b. (Middle) <u>Price</u> c. (Last) <u>Howerton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 31, 1883</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Barry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
13a. FATHER'S NAME <u>Frank Howerton</u>			13b. MOTHER'S MAIDEN NAME <u>Happy Sneed</u>		14. NAME OF HUSBAND OR WIFE <u>Dodie Howerton</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 ADDRESS <u>Geo. Howerton Noel, 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>Myocardial Infarction</u>  ANTECEDENT CAUSES: DUE TO (b) <u>ASHD</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Pernicious Anemia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET, AND DEATH <u>12 Hrs.</u> <u>3 Yrs</u> <u>1 Yr.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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>July 17, 1954</u> , to <u>Sept 28, 1954</u> , that I last saw the deceased alive on <u>Sept 25, 1954</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. J. Royce MD</u>				23b. ADDRESS <u>Noel, Missouri</u>		23c. DATE SIGNED <u>Oct 1, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>10-1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRAVETTE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>GRAVETTE ARK</u>	
DATE REC'D BY LOCAL REG. <u>10-1-1954</u>		REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. M. Humphrey Pineville Mo.</u> (Licensed Embalmer Statement on Reverse Side)			

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

No. 300  
10.48

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 *J. M. Humphrey Jr.*.....

Licensed Embalmer No. *470*.....

P. O. Address *Noel*.....

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.