

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41611

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</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>RURAL-HURRICANE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-HURRICANE 0570</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		<u>New Hope</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Howlett c. (Last) CANNON 4. DATE OF DEATH (Month) (Day) (Year) NOV. 15, 1954

5. SEX FEMALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec. 13, 1868 9. AGE (In years) (last birthday) 85 10. MONTHS 11 11. DAYS 3 12. IF UNDER 14 OR 18: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and State or Foreign Country) Pike County Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Howlett 13b. MOTHER'S MAIDEN NAME CAROLYN SUMMERS 14. NAME OF HUSBAND OR WIFE (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. F. Waters Elsberry Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease & left sided failure - 2 hours INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES 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. Hypertension years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4200 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) (Min.) _____ 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 _____, 1949, to 11-15, 1954, that I last saw the deceased alive on 11-1, 1954, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Elsberry, Mo 23c. DATE SIGNED 11/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 11-17-1954 24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery 24d. LOCATION (City, town, or county) (State) LINCOLN COUNTY Mo.

DATE REC'D BY LOCAL REG. 12/27/54 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifton Miller Elsberry, Mo

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

570

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 _____

Nov. 15-1958

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clifton Miller* _____

Licensed Embalmer No. *3364* _____

P. O. Address *Elkberry, Md* _____

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.