

FILED FEB 23 1955

# STANDARD CERTIFICATE OF DEATH

State File No. **4105**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5162** Registrar's No. **34**

**1. PLACE OF DEATH**  
 a. COUNTY **Callaway**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rte. 1 Hallsville** c. LENGTH OF STAY (in this place) **7 Years**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Home Cleveland Twp**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Callaway**  
 c. CITY OR TOWN **Cleveland Twp.** d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) **Rte. 1 Hallsville** **0140**

**3. NAME OF DECEASED**  
 a. (First) **John** b. (Middle) **Duncan** c. (Last) **Howser**  
 (Type or Print) **John Duncan Howser**  
**4. DATE OF DEATH** (Month) (Day) (Year)  
**Feb. 14, 1955**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married**  
**8. DATE OF BIRTH** **Sept. 26, 1877** **9. AGE** (In years) (Month) (Day) **77** **4** **18** **18** **18** If under 1 year: Hours: \_\_\_\_\_ Min: \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Retired Rail Road Employee**  
**10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_  
**11. BIRTHPLACE** (City and State or Foreign Country) **Cameron, Missouri**  
**12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Robert Howser** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Leola Howser**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give war or dates of service)  
**16. SOCIAL SECURITY NO.** **D.K.** **17. INFORMANT'S SIGNATURE OR NAME** **Robert Howser** **ADDRESS** **Hallsville**

**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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Cardio-renal** **INTERVAL BETWEEN ONSET AND DEATH** **not known**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Senility**  
 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** **442X** **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) \_\_\_\_\_ **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** **7/13/53**, 19\_\_\_\_, to **7/13/53**, 19\_\_\_\_, that I last saw the deceased alive on **7/14/55**, 19\_\_\_\_, and that death occurred **7/14/55** at \_\_\_\_\_ the cause and on the date stated above.

**23a. SIGNATURE** (Degree or title) **[Signature]** **23b. ADDRESS** **Centerville Mo** **23c. DATE SIGNED** **2/14/55**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Removal** **24b. DATE** **16th Feb. 1955** **24c. NAME OF CEMETERY OR CREMATORY** **Packard Cemetery** **24d. LOCATION** (City, town, or county) (State) **Cameron, Missouri**

**DATE REC'D BY LOCAL REG.** **Feb. 16-1955** **REGISTRAR'S SIGNATURE** **[Signature]** **426** **25. FUNERAL DIRECTOR'S SIGNATURE** **[Signature]** **ADDRESS** **[Address]**

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

5140

FEB 23 1958

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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 *Bill J. Medoro*.....

Licensed Embalmer No. *4879*.....

P. O. Address *Centerville, Va.*.....

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.