

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5593

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5778 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Jim Henry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jim Henry</u> <u>0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt 1 St. Elizabeth, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jarvis</u>	b. (Middle) <u>Jackson</u>	c. (Last) <u>Howard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-14-1859</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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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>Gen. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Harlin, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Helton</u>	14. NAME OF HUSBAND OR WIFE <u>Narcissus Humphrey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Howard, St. Elizabeth, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Carditis</u>		<u>20 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic arterio sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic nephritis</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 January, 1950, to Feb. 2, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 5:20PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leon A. Dwyer M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>Feb. 4, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Side Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Meta, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-8-1955</u>	REGISTRAR'S SIGNATURE <u>Don B. Schaefer</u>	194- <u>5</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hedges Meta, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 14 REC'D 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter P. Neuger

Signed.....
Student Embalmer

Licensed Embalmer No. #265

P. O. Address Stena, 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 this body is not embalmed, fact should be so stated above.