

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12547

State File No. _____
Registrar's No. 10

FILED MAY 13 1955

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>10</u>		
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>PIKE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERRY</u>		c. LENGTH OF STAY (In this place) <u>3 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>808 N. Fourth</u>		0570		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>201 S. THIRD</u>				d. STREET ADDRESS (If rural, give location) <u>Louisiana, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>			b. (Middle) <u>MAY</u>		c. (Last) <u>HOWES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-1-55</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>JUNE 14, 1872</u>		9. AGE (In years last birthday) <u>82</u>	# UNDER 1 YEAR Months	# UNDER 4 Hrs. Days	# UNDER 1 Mts. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>JAMES WATERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY EASLEY</u>		14. NAME OF HUSBAND OR WIFE <u>Stephen Howe</u>				
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>Myrtle Ralph - Elsberry, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</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) (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>Apr 29, 1955</u> to <u>MAY 1, 1955</u> , that I last saw the deceased alive on <u>MAY 1, 1955</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. H. Callaway D.O.</u>				23b. ADDRESS <u>Elsberry Mo</u>		23c. DATE SIGNED <u>5-3-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harrison Pike County</u>		24d. LOCATION (City, town, or county) (State) <u>RFD - Louisiana, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/11/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Keaty</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Charles D. ...</u>		ADDRESS <u>Elsberry Mo</u>		

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

570
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STATEMENT BY LICENSED EMBALMER

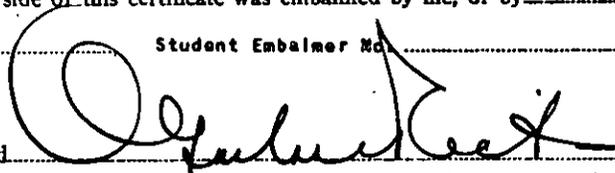
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4012

P. O. Address

Esberry, 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.