

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13474

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3247

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Newburg
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) R.	c. (Last) H OWARD
4. DATE OF DEATH	(Month) April	(Day) 8	(Year) 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1888
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 18 HRS. 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 At Home,	11. BIRTHPLACE (City and State or Foreign Country) Charleston, Illinois,
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Shobe	13b. MOTHER'S MAIDEN NAME Lonnie Carrol
14. NAME OF HUSBAND OR WIFE Roy Howard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Nil.	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Roy Howard,		ADDRESS Newburg, Missouri	
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) Intracapillary Glomerulonephrosclerosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease and Congestive Heart Failure 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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 4200		
22. I hereby certify that I attended the deceased from 2-7-1955 to 4-8-1955, that I last saw the deceased alive on 4-8-1955, and that death occurred at 7:15 Pm., from the causes and on the date stated above.			
23a. SIGNATURE C. J. Verillion, M.D.		(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 4-9-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-9-55	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Newburg, Missouri
DATE REC'D BY LOCAL REG. APR 11 1955	REGISTRAR'S SIGNATURE Albert H. Hoppe	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
		ADDRESS 4700 Washington.	

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

APR 10 1958

AUG 1 1957

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 *John S. Dennis*
Licensed Embalmer No. *419*
P. O. Address *St. Louis*

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.