

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18289**

FILED JUL 5 - 1955

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 578	
1. PLACE OF DEATH a. COUNTY Green				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Mo.			c. LENGTH OF STAY (In this place) 14 Hrs.		c. CITY OR TOWN Sparta		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopath Hos.				e. STREET ADDRESS (If rural, give location) Rural, McCracken Twsp. 0220/1			
3. NAME OF DECEASED (Type or Print) Velma			a. (First)		b. (Middle) Howard		c. (Last)
4. DATE OF DEATH July 1, 1955				4. DATE (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 25, 1902	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days		IF UNDER 11 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		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John McGinnis			13b. MOTHER'S MAIDEN NAME Delia Gann		14. NAME OF HUSBAND OR WIFE Herbert Howard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Howard, Sparta, Mo. Rt# 1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Chronic Myocarditis					
		DUE TO (c) Causes of things					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Causes of distress					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 Jan - 1955 , to July 1 - 1955 , that I last saw the deceased alive on June 29, 1955 , and that death occurred at 4 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. Harriet A. Wilson M.D.				23b. ADDRESS Sparta, Mo.		23c. DATE SIGNED July 1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3, 55		24c. NAME OF CEMETERY OR CREMATORY Shipman Cemetery		24d. LOCATION (City, town, or county) (State) Christian, Missouri	
DATE REC'D BY LOCAL REG. 7-1-55		REGISTRAR'S SIGNATURE Earl Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *T. B. Chaffin*.....

Licensed Embalmer No. *219*

P. O. Address *Ozark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.