

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23234**

FILED AUG 12 1955

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5985** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Chicago	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) 1409 E. 68 th St.	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) M. c. (Last) Howe	4. DATE OF DEATH (Month) (Day) (Year) 8/4/55
--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/6/1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of last year, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	---

13a. FATHER'S NAME Michael Howe	13b. MOTHER'S MAIDEN NAME Mary Clark	14. NAME OF HUSBAND OR WIFE Margaret Howe
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Lawrence Seifert ADDRESS Chicago, Ill
--	--	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture crushing injuries		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) result plane crash DUE TO (c) 861X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 39			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ft Wood	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ft Wood 085 Pulaski, MO
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 8-4-55 12:33 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Airplane Crash
---	--	--

22. I hereby certify that I attended the deceased on **Aug. 4, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30a.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) County coroner B. Hedges	23b. ADDRESS Richland Missouri	23c. DATE SIGNED 8/5/55
--	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/5/55	24c. NAME OF CEMETERY OR CREMATORY Herman Lohmeyer Funeral Home	24d. LOCATION (City, town, or county) (State) Springfield MO
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. 8-5-55	REGISTRAR'S SIGNATURE Paul J. Anderson	25. FUNERAL HOME ADDRESS Hedges Funeral Home Crocker, MO
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-5-55
Forest County Health Officer
File Number
Date Filed 8-6-55

AUG 23 1955
FEB 15 1956

AUG 12 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Jesse C. Hunter

Licensed Embalmer No. 473

P. O. Address Springfield

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.