

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. **30112**

FILED SEP 19 1955

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 557

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>207 E. Boston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 E. Boston</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>E.</u> c. (Last) <u>HOWE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept- 8- 1955</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Mar- 7- 1878</u>		9. AGE (In years) (Months) (Days) <u>77 6 7</u>		10. IF UNDER 1 YEAR (Hours) (Min.)	
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 (State or foreign country) <u>Macon Co. Mo</u>	
12. CITIZENSHIP (What country?) <u>U.S.A.</u>					

12a. FATHER'S NAME <u>Chas. H. Hoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Hale</u>		14. NAME OF HUSBAND OR WIFE <u>John Howe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>111-10-1000</u>		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Franklin Brookfield 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>(9)</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.			

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 8/30, 1955, to 9/8, 1955, that I last saw the deceased alive on 8/30, 1955, and that death occurred at 12 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Snook D.D.</u> (Degree or title)		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>9/9/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-12-1955</u>		REGISTRAR'S SIGNATURE <u>Walter Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blacklock</u> ADDRESS <u>Brookfield Mo</u>	

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

Student Embalmer

Signed

J. R. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.