

FILED DEC 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37874

State File No.

BIRTH NO. _____ REG. DIST. NO. 1301 PRIMARY REG. DIST. NO. 4452 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARKANSAS</u> b. COUNTY <u>CLARKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>	c. LENGTH OF STAY (in this place) <u>2 mo.</u>	c. CITY OR TOWN <u>Heber Springs</u>	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 <u>Barton's Nursing Home</u>		• STREET ADDRESS (If rural, give location) <u>903 9</u>	

3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>HOWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-55</u>		
5. SEX <u>MALES</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-18-1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(Produce)</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>So CAROLINA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOHN Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Warsworth</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S.T. Tipton</u> ADDRESS <u>Bussers, Ark</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio Sclerosis.</u>		30 years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>		DUE TO (c) <u>4201</u>			

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 9-28, 1955, to 11-12, 1955, that I last saw the deceased alive on 11-12, 1955, and that death occurred at 10: A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry R. Reed, D.O.</u>		23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>11-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heber Springs</u>	
DATE REC'D BY LOCAL REG. <u>11-27-55</u>		REGISTRAR'S SIGNATURE <u>E.B. Johnson</u>		24d. LOCATION (City, town, or county) (State) <u>Heber Springs, Ark.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mustard Fun Home</u>		ADDRESS <u>Heber Springs, Ark.</u>			

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 *Ray Means*.....

Licensed Embalmer No.. *374*

P. O. Address *Donipha*

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.