

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

2111

State File No. \_\_\_\_\_

**FILED JAN 19 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 1

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>New Madrid</u>	b. CITY (If outside corporate limits, write RURAL and give town or township) <u>New Madrid</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>New Madrid</u>
c. LENGTH OF STAY (In this place) .		c. CITY OR TOWN <u>New Madrid</u>	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 <u>504 Mill St.</u>		e. STREET ADDRESS <u>R#1</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>James</u>	b. (Middle) <u>Houston</u>	c. (Last) <u>Howard</u>	(Month) <u>Jan.</u>	(Day) <u>11</u>	(Year) <u>1956</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 15, 1888</u>	<b>9. AGE</b> (In years last birthday) <u>67</u>	<b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>26</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>New Madrid, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Luke Byrne Howard</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lena Dawson</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>SEPRENIE HOWARD</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Luke B. Howard</u>	<b>ADDRESS</b> <u>New Madrid, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>6 hrs.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Coronary Thrombosis</u>  DUE TO (c) <u>Arteriosclerosis</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <u>4201</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 1950, to 11 Jan, 1956, that I last saw the deceased alive on 11 Jan, 1956; and that death occurred at 3:25 PM from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Louis Smith M.D.</u>	<b>23b. ADDRESS</b> <u>New Madrid Mo</u>	<b>23c. DATE SIGNED</b> <u>13 Jan 56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan. 13, 1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Evergreen Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>New Madrid, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1/13/56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Johnny S. Doherty, Dip</u>	<b>512 - 0</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Richard H. Hutto</u>	<b>ADDRESS</b> <u>New Madrid, Mo</u>
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(Licensee Embalmer's Statement on Reverse Side)

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

No. 300  
0-48

JAN 25 1955

DATE RECEIVED JAN 16 1955  
NEW MADRID CO. HEALTH CENTER  
P. J. L.

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 P. J. L. Doherty .....

Licensed Embalmer No. 458

P. O. Address New Madrid

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.