

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2380

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4434		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Center, Missouri.</u>		c. LENGTH OF STAY (in this place) <u>10yrs</u>		c. CITY OR TOWN <u>Center, Mo.</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>Center, Missouri.</u>				e. STREET ADDRESS (If rural, give location) <u>Center, Missouri.</u> 0870			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>HOWALD.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 19, 1872</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (If UNDER 1 YEAR Months) <u>4</u> (Day) <u>12</u> (Hours) <u>_____</u> (Min.) <u>_____</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Herman Andris</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Andris</u>			14. NAME OF HUSBAND/OR WIFE <u>Jerry Howald.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Opal Howald, Center, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis (Acute)</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 yrs</u>	
19a. DATE OF OPERATION <u>None</u>		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)		260X	
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 <u>January 1, 1953</u> to <u>Feb. 1, 1956</u> that I last saw the deceased alive on <u>Feb. 1, 1956</u> and that death occurred at <u>8:30AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Brown</u> <u>D.O.</u>				23b. ADDRESS <u>Center, Missouri.</u>		23c. DATE SIGNED <u>2-3-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ralls Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-3-56</u>		REGISTRAR'S SIGNATURE <u>Clyde Wesley Perry</u> 267		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde C. Wesley Perry, Mo.</u>			

(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 *Clyde Welby*.....

Licensed Embalmer No. *382*.....

P. O. Address *Perry, N.*.....

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.