

FILED MAR 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4269

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5404 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <i>Douglas</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Mo</i> b. COUNTY <i>Douglas</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Manfield (R)</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Manfield Mo</i>		0340
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Miller twp</i>			d. STREET ADDRESS (If rural, give location) <i>Miller twp</i>		

3. NAME OF DECEASED (Type or Print) a. (First) <i>Sheffield</i> b. (Middle) <i>J.</i> c. (Last) <i>Howard</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 20, 1956</i>		
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5. SEX <i>M</i>	6. COLOR OF RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 3, 1887</i>	9. AGE (In years last birthday) <i>68</i>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Real Estate Broker</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <i>Anderson, Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Pearl Howard</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Pearl Howard R. 2, Manfield</i>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2-10-56</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Arteriosclerosis, Hypertension, Myocardial Infarction</i>				
	DUE TO (b) <i>Coronary Arteriosclerosis</i>				
	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 <i>4201</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from *2-2-*, 19*54*, to *2-20*, 19*56*, that I last saw the deceased alive on *Feb. 19*, 19*56*, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. D. ...</i>		(Degree or title) <i>MD</i>	23b. ADDRESS <i>Manhattan Cross Mo</i>	23c. DATE SIGNED <i>2-23-56</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-22-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Manfield</i>	24d. LOCATION (City, town, or county) (State) <i>Manfield Mo.</i>		
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DATE REC'D BY LOCAL REG. <i>3-3-56</i>	REGISTRAR'S SIGNATURE <i>Ustala Bushman</i>		840	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Chinkinghead Funeral Home</i>	
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*ava, Mo.*

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

No. 300  
10-48

**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

*Charles R. Fish*

Licensed Embalmer No. *4662*

P. O. Address *Ava, 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.