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Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7991

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Golden City~~ Lamar — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Hosp. — Length of stay in Ib 4 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Golden City 0060 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JUANITA Middle HOWARD Last DEININGER

4. DATE OF DEATH Month Mar. Day 12 Year 1956

5. SEX female 1
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Apr. 11, 1920
9. AGE (In years last birthday) 35 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife & minister
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (City and state or country) Hazeltown, Texas Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Howard
14. MOTHER'S MAIDEN NAME Minda Curtiss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. --
17. INFORMANT Address Roscoe E. Deininger, Golden City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Dilatation & decompensation — INTERVAL BETWEEN ONSET AND DEATH 1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rheumatic Valvular Heart Disease — years
DUE TO (c) 414X — Jan 10, 1956
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pneumonia, Virus, left lung.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 10, 1955, to March 12, 1956 and last saw her alive on Mar. 12, 56
Death occurred at 4:55 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glen T. Bickel, (Degree or title) MD.
22b. ADDRESS Lamar, Missouri
22c. DATE SIGNED 3/13/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 14, 1956
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State) Golden City, Missouri

24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home, Golden City, Mo.
25. DATE RECD. BY LOCAL REG. MAR 13 1956
26. REGISTRAR'S SIGNATURE Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

14-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....H. L. Pugh.....

Licensed Embalmer No...49

P. O. Address Golden City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.