

FILED MAR 29 1956

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

State File No. **8529**

BIRTH NO.		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>99</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monticome</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>3 weeks</b>		c. CITY OR TOWN <b>California</b>		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 <b>St Marys Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>none</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALEX</b>		b. (Middle)		c. (Last) <b>Howe</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 27 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept 7 - 1878</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>no.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Monticome Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Don't know</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Kaiser</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Kamerman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dorothy Surface California Mo</b>			
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) <b>Subdural Hematoma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 weeks</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Benign Prostatic Hypertrophy</b>				<b>1 year</b>	
19a. DATE OF OPERATION <b>3-7-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Subdural Hematoma</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>California Monticome Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9 weeks ago</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell at home</b>			
22. I hereby certify that I attended the deceased from <b>2-4-1956</b> to <b>3-27-1956</b> , that I last saw the deceased alive on <b>3-26-1956</b> , and that death occurred at <b>8:30 AM</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Marshall W. Steele M.D.</b>				23b. ADDRESS <b>Jefferson City</b>		23c. DATE SIGNED <b>3/27/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-30-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>California Mo</b>	
DATE/REC'D BY LOCAL REG. <b>27 Mar 1956</b>		REGISTRAR'S SIGNATURE <b>R. P. Davis M.D. - M.R.</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hugh E. Williams California Mo</b>			

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

68-0

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 *Hugh E. Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California*.....

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.