

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9720

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>125</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lacon</u>				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>OR TOWN Marceline</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs.</u>		c. CITY OR TOWN <u>New Cambria</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis hospital</u>				e. STREET ADDRESS (If rural, give location) -----				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Howell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Sep. 19, 1878</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>---</u> Mins. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Chas. Fredrick Duss</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Elizabeth Kollet</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. E. Howell</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. R. Howell, Claremore, Okla.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis, Multiple Progressive Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>				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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Nov 1952</u> , to <u>3-13, 1956</u> , that I last saw the deceased alive on <u>3-13, 1956</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Popo Ch...</u>				23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>3-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 16, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Cambria, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/16/56</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Redman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. G. Hilliard</u>		ADDRESS <u>New Cambria Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

NO. 300

10. 48

401
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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.....

H. J. Gilleland

Licensed Embalmer No. *4019*

P. O. Address *New Cambria*

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.