

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10900

FILED APR 2 - 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2727**

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE |  | b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN |  | c. LENGTH OF STAY (In this place)<br>3 weeks   |  | c. CITY OR TOWN   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | e. STREET ADDRESS (If rural, give location)  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

|   |                  |  |                           |  |  |
|---|------------------|--|---------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)  |                  |  | 4. DATE OF DEATH          |  |  |
| a. (First)  | b. (Middle)      | c. (Last)  | (Month)                   | (Day)  | (Year)   |
| Wilson  | Otis             | Howard   | March                     | 15   | 1956   |
| 5. SEX  | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH          |  | 9. AGE (In years last birthday)  |
| Male  | White            | Married  | July 1, 1884              |  | 71   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                  | 10b. KIND OF BUSINESS OR INDUSTRY  |                           | 11. BIRTHPLACE (City and State or Foreign Country) |  |
| Retired Farmer  |                  | Farming  |                           | Hamilton Co., Ill.                                 |  |
| 13a. FATHER'S NAME  |                  |  | 13b. MOTHER'S MAIDEN NAME |  | 14. NAME OF HUSBAND OR WIFE  |
| Shannon Howard  |                  |  | Emma E. Gaines            |  | Violet Howard  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service)  |                  | 16. SOCIAL SECURITY NO.  |                           | 17. INFORMANT'S SIGNATURE OR NAME                  |  |
| No  |                  | 499-03-8726  |                           | Violet Howard, Parma, Mo.                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |                  | MEDICAL CERTIFICATION  |                           |  | INTERVAL BETWEEN ONSET AND DEATH   |
|   |                  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |                           |  | 1 week   |
|   |                  | Acute Cardiac Failure  |                           |  |  |
|   |                  | II. OTHER SIGNIFICANT CONDITIONS   |                           |  |  |
|   |                  | Conditions contributing to the death but not related to the disease or condition causing death.        |                           |  |  |
|   |                  | 7824   |                           |  |  |
| 19a. DATE OF OPERATION  |                  | 19b. MAJOR FINDINGS OF OPERATION   |                           |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |                  | Hypertension   |                           |  |  |
| 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) m.  |                  | 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 3-9, 1956 to 3-14, 1956 that I last saw the deceased alive on 3-14, 1956, and that death occurred at 10:00 p.m., from the causes and on the date stated above. |                  |  |                           |  |  |
| 23a. SIGNATURE (Degree or title)  |                  | 23b. ADDRESS   |                           | 23c. DATE SIGNED                                   |  |
| Chas. S. Rosen, M.D.  |                  | 539 N. Grand Ave   |                           | 3/16/56  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                  | 24b. DATE  |                           | 24c. NAME OF CEMETERY OR CREMATORY                 |  |
| Removal   |                  | 3-16-56  |                           | Local  |  |
| 24d. LOCATION (City, town, or county) (State)   |                  | 24e. FUNERAL DIRECTOR'S SIGNATURE  |                           |  |  |
| Malden, Mo.   |                  | Albert H. Hoppe, 4700 Washington Blvd.   |                           |  |  |
| DATE REC'D BY LOCAL REG.  |                  | REGISTRAR'S SIGNATURE  |                           | ADDRESS  |  |
| MAR 16 1956   |                  | J. Earl Smith, M.D.  |                           | 4700 Washington Blvd.                              |  |

C.P. (Licensed Embalmer's Statement on Reverse Side)

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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 *Stanley E. Aixon*.....

Licensed Embalmer No. *4*.....

P. O. Address *St. J.*.....

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.