

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12939

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 338-B

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Indiana</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Indianapolis</b> <sup>4/18/56</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1330 Cherry St.</b> Length of stay in 1b <b>2 years</b>		d. STREET ADDRESS (If outside, give location) <b>U n k n o w n</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ORVILLE</b> Middle <b></b> Last <b>HOWELL</b>			4. DATE OF DEATH Month <b>April</b> Day <b>8</b> Year <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 13, 1888</b>
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b></b> Days <b></b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Eng.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>	11. BIRTHPLACE (City and state or country) <b>Indianapolis, Indiana</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>U n k n o w n</b>	
14. MOTHER'S MAIDEN NAME <b>U n k n o w n</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>N. o. n. e</b>		17. INFORMANT <b>Margeurite Foltz</b> Address <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic passive congestion</b> DUE TO (c) <b>Chronic Glomerulonephritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b> <b>1 yr.</b> <b>1 yr.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>592x</b>		
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b></b>		
20e. CITY, TOWN, OR LOCATION <b></b>	20f. COUNTY <b></b>		20g. STATE <b></b>
21. I attended the deceased from <b>20 Oct 55</b> to <b>8 April 56</b> and last saw <sup>him</sup> <b>him</b> alive on <b>4 April 56</b> Death occurred at <b>2:30</b> <b>p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Kenneth E. Knabb</b> (Degree or title) <b>M. D.</b>		22b. ADDRESS <b>16304 Jefferson</b> <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>4/16/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4/10/1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Indianapolis, Indiana</b>
24. FUNERAL DIRECTOR <b>Harry Ayre</b> ADDRESS <b>Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-16-56</b>	26. REGISTRAR'S SIGNATURE <b>Ted W. Williams</b>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
AYRE-GOODWIN FUNERAL SERVICE, Inc.

MEDICAL CERTIFICATION

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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 e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 45

P. O. Address..... Spring

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.