

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1956

13309
State File No. _____
1703
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>5 1/2 Months</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Ray</u> c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>08971</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>F.</u> c. (Last) <u>HOWARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1956</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>November 2, 1897</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Alphues Howard</u>		13b. MOTHER'S MAIDEN NAME <u>Loris A. Foster</u>		14. NAME OF HUSBAND OR WIFE <u>Howard</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Official VA Hospital Records, K. C. Mo.</u>		ADDRESS <u>K. C. Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 weeks</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, RML, RLL, LLL</u>			ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>Carcinoma; epiglottis</u>			10 months <u>16/8</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>VA m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from October 27, 1955, to April 17, 1956, ~~that the deceased died~~ and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>J. A. Turner, M.D.</u>		23b. ADDRESS <u>VA Hospital 4801 Linwood, Kansas City, Mo.</u>		23c. DATE SIGNED <u>4-18-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>4-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>		24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MO</u>	
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DATE REC'D BY LOCAL REG. <u>4-19-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>		ADDRESS <u>1376 Dr. ...</u>	
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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. *H. 7*

P. O. Address *K.C., Mo.*

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.