

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17384**

FILED JUN 11 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **149**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b> c. CITY OR TOWN <b>0 2, 10</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly 0</b>		c. CITY OR TOWN <b>Keytesville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Junction Highway 24&amp;5</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Levi</b> b. (Middle) <b>G.</b> c. (Last) <b>Howard</b>	4. DATE OF DEATH <b>May 24th, 1956</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>March 28-1989</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Keytesville, Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Morgan Howard</b>	13b. MOTHER'S MAIDEN NAME <b>Emzina Jefferson</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah Howard</b>
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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) <b>Yes World War 1</b>	16. SOCIAL SECURITY NO. <b>489-22-6796</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emma Lou Huston</b>	ADDRESS <b>K.C. Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Traumatic shock</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture Pelvis</b> <b>Fracture Femur L</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>821</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> #
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident Highway</b>	21b. PLACE OF INJURY (e.g., in or about home, in factory, inst. office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Keytesville Chariton Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) <b>May 23 1956</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **23 May 1956** to **24 May 1956**, that I last saw the deceased alive on **24 May 1956**, and that death occurred at **6:50 p.m.**, from the cause **and on the date stated above.**

23. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>	23b. ADDRESS <b>Moberly Mo</b>	23c. DATE SIGNED <b>25 May 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 27-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Keytesville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-26-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Keytesville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

69 0

JUN 12 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *H. D. Barnett* .....

Licensed Embalmer No.... *320*

P. O. Address..... *Key...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.