

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22678

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>WILLIAMSTOWN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LIVIA</u> b. (Middle) <u>FLORENCE</u> c. (Last) <u>VAN HOWTEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30, 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Jan. 12, 1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</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>XXXXXXXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FRANKLIN CO., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>BENJAMIN BILLUPS</u>	13b. MOTHER'S MAIDEN NAME <u>ESTHER HOLCOMB</u>	14. NAME OF HUSBAND OR WIFE <u>JESSE VAN HOWTEN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give exact date of service) <u>XXXXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOWARD POLLOCK WILLIAMSTOWN, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MESENTERIC THROMBOSIS WITH</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GANGRENE ENTIRE SMALL BOWEL</u> 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	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5702</u>
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 JUNE 29, 1956, to JUNE 30, 1956, that I last saw the deceased alive on JUNE 29, 1956, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Laughlin Jr. Do.</u>	23b. ADDRESS <u>Bertsmere, Mo</u>	23c. DATE SIGNED <u>8-1-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/2/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PROVIDENCE</u>
24d. LOCATION (City, town, or county) (State) <u>WILLIAMSTOWN, MO.</u>		

DATE REC'D BY LOCAL REG. <u>8-3-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles Powell Lewistown, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Charles L. Arnold

Licensed Embalmer No. 4667.....

P. O. Address LEWISTOWN, MO.....

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.