

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30080**

FILED SEP 17 1956

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give town) Carrollton	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Carrollton	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 204 N. Folger		e. STREET ADDRESS (If rural, give location) 204 N. Folger	

3. NAME OF DECEASED (Type or Print) a. (First) Happy	b. (Middle) M.	c. (Last) Howell	4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1956
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5. SEX Fe.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 29, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Carroll Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Morrison	13b. MOTHER'S MAIDEN NAME Elizabeth Caldwell	14. NAME OF HUSBAND OR WIFE J.L. Howell
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Verna Howell	ADDRESS Carrollton, Mo.
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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. 19a. DATE OF OPERATION _____	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis HEMIPLEGIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last, and due to (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____		2 1/2 yrs 10 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 yrs
19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 332X		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	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 Sept 4, 1955, to Sept 10, 1955, that I last saw the deceased alive on Aug 1, 1956, and that death occurred at 2:25 AM, from the causes and on the date stated above.

23a. SIGNATURE John H. Platz	(Degree or title) MA	23b. ADDRESS Carrollton, Mo	23c. DATE SIGNED 9-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-12-56	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carrollton, Missouri
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DATE REC'D BY LOCAL REG. 9-12-56	REGISTRAR'S SIGNATURE Dr. Herbert Caldwell	25. FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson	ADDRESS Carrollton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0171

450

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 *Bern W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.