Health, Welfare Public Service

0

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30402
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 843

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Springfield Baptist Hospital — Length of stay in 1b: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Miller D 550 / — Inside Limits XXX No X
d. STREET ADDRESS (If outside, give location): Rural Route # 2 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First GLENNIE Middle GREY Last HOWELL
4. DATE OF DEATH: Month 9 Day 15 Year 56
5. SEX: Male C
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June, 20, 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Tennessee /
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Howell
14. MOTHER'S MAIDEN NAME: Phoebe Jennings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Virla Robinson, Address: Grand Prairie Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis, Left middle Cerebral Artery — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hypertensive Vascular Disease 332X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept 10 to Sept 13, 1956 and last saw her him alive on Sept 14, 1956. Death occurred at 8:10 am m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Guy Calloway Jr. M.D. (Degree or title) — 22b. ADDRESS: Springfield, Missouri — 22c. DATE SIGNED: 9/18/56
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/15/56
23c. NAME OF CEMETERY OR CREMATORY: Unknown
23d. LOCATION (City, town, or county) (State): Grand Prairie, Texas
24. FUNERAL DIRECTOR: Ayre-Goodwin ADDRESS: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 9-20-56
26. REGISTRAR'S SIGNATURE: Edith Williams

(Licensed Embalmer's Statement on Reverse Side)

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 James W. Wair.....

Licensed Embalmer No. 465

P. O. Address Springfield,

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.