

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31396

STATE FILE NUMBER

FILED OCT 10 1956

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 343

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived.; if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Hannibal</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>Hannibal</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		Length of stay in lb <u>2 wks.</u>	d. STREET ADDRESS (If outside, give location) <u>1229 Lyon St.</u>
3. NAME OF DECEASED (Type or print) First <u>LELAND</u> Middle <u>HOWARD</u> Last <u>HOWARD</u>		4. DATE OF DEATH Month <u>10</u> Day <u>3</u> Year <u>56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 12, 1891</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Electric Dept.</u>	9c. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electric Dept.</u>	10c. BIRTHPLACE (City and state or country) <u>Independence, Mo.</u>
11. BIRTHPLACE (City and state or country) <u>Independence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>James Howard</u>		14. MOTHER'S MAIDEN NAME <u>Dora Fann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----	
17. INFORMANT <u>Mrs. Susan Howard, 1229 Lyon-City</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-vascular-Renal Disease and Nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 'NOT WHILE' AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20h. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20i. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20j. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20k. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20l. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20m. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20n. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20o. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20p. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20q. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20r. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20s. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20t. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20u. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20v. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20w. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20x. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
20y. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>		20z. CITY, TOWN, OR LOCATION <u>Hannibal Mo</u>	
21. I attended the deceased from <u>9-25-56</u> to <u>10-3-56</u> and last saw her alive on <u>10-3-56</u> Death occurred at <u>5:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22a. SIGNATURE <u>A. Franko</u> (Degree or title)		22b. ADDRESS <u>Hannibal Mo</u>	
22c. DATE SIGNED <u>10-5-56</u>		22d. ADDRESS <u>Hannibal Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-6-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue River Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Detroit, Ill.</u>
24. FUNERAL DIRECTOR <u>Jack Schwartz</u> ADDRESS <u>Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 5-1956</u>	26. REGISTRAR'S SIGNATURE <u>W E M Luke By H C Fisher</u>

Health, Welfare Public Service

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

89-0

(License of Embalmer's Statement on Reverse Side)

RECEIVED OCT 9 1956  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 9 1956

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 490  
P. O. Address Hamilal

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.