No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 31801

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 305-8 Registrar's No. 223

**1. PLACE OF DEATH**
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
c. LENGTH OF STAY (in this place): 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Joseph Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINCOLN
c. CITY OR TOWN: ELSBERRY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2 mi. s.w. of town

0510 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): ELISHA
b. (Middle): GREGORY
c. (Last): HOWARD

**4. DATE OF DEATH** (Month) (Day) (Year): SEPT. 13 1956

**5. SEX**: Male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: July 4, 1895
**9. AGE** (In years last birthday): 61 — IF UNDER 1 YEAR: Months 2, Days 9 — 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**: own farm
**11. BIRTHPLACE** (City and State or Foreign Country): RED - ELSBERRY, Mo
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: JOHN L. HOWARD
**13b. MOTHER'S MAIDEN NAME**: MARY ALICE FERGUSON
**14. NAME OF HUSBAND OR WIFE**: Mabel Howard
**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.**: 499-12-7105
**17. INFORMANT'S SIGNATURE OR NAME**: Mabel Howard
**ADDRESS**: Elsberry, Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Subtotal Gastrectomy — 5 days
DUE TO (c) Bleeding Duodenal Ulcer — 1 yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: 9-7-56
**19b. MAJOR FINDINGS OF OPERATION**: Duodenal Ulcer 5410
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 9-3 Sept., 1956, *to* 9-13, 1956, *that I last saw the deceased alive on* Sept 13, 1956, *and that death occurred at* 10:20 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Russell J. Lider (Degree or title): MD
**23b. ADDRESS**: St Charles, Mo
**23c. DATE SIGNED**: Sept 13, 1956

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 9-15-56
**24c. NAME OF CEMETERY** ~~OR CREMATORY~~: ELSBERRY CITY
**24d. LOCATION** (City, town, or county) (State): ELSBERRY, Mo

DATE REC'D BY LOCAL REG.: Sept 15 1956
REGISTRAR'S SIGNATURE: Fannie Hamilton
**25. FUNERAL DIRECTOR'S SIGNATURE**: [illegible]
**ADDRESS**: Elsberry, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

84

OCT 9 1958

MAR 6 1959

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4017

P. O. Address Elsberry

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