

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm(ission).)			
a. COUNTY Franklin		a. STATE Missouri		b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Luebbering		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Luebbering 368	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT Home		Length of stay in lb <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) Laura Bell Howell McDonald			4. DATE OF DEATH November 14 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1 1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 8 Days 13 Hours 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTHPLACE (City and state or country) Centerville, Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Thomas Jefferson Howell			14. MOTHER'S MAIDEN NAME not known.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT (Name and Address) Glenn Carroll Luebbering Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pylonephritis					INTERVAL BETWEEN ONSET AND DEATH 10 days
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) Cerebral arteriosclerosis.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 11-1-56 to 11-14-56 and last saw her alive on 11/13/56 Death occurred at 2-9-56 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dr. W. E. Mitchell			22b. ADDRESS St. Clair Mo		22c. DATE SIGNED 11/15/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 16 1956	23c. NAME OF CEMETERY OR CREMATORY Centerville, Cemetery	23d. LOCATION (City, town, or county) (State) Centerville, Missouri		
24. FUNERAL DIRECTOR Sherwood W. Mitchell		ADDRESS H. Chrisman	25. DATE RECD. BY LOCAL REG. 11/15/56	26. REGISTRAR'S SIGNATURE Floyd Williams	

511

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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 *Sherwood W. Kitchell*.....

Licensed Embalmer No. *38*.....

P. O. Address *H. Clair*.....

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.