

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5 State File No. **38551**

FILED DEC 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Kingsville</u>		c. CITY OR TOWN <u>Kingsville</u>	
c. LENGTH OF STAY (In this place) <u>64 YRS</u>		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 <u>Kingsville, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Kingsville, Mo 65116</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEAFA</u> b. (Middle) <u>C.</u> c. (Last) <u>HOW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 15 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salina, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Caswell</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Mattox</u>	14. NAME OF HUSBAND OR WIFE <u>Marion S. How</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>48722-2855</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mel Johnson</u> ADDRESS <u>Kingsville, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Hepatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Diabetes mellitus</u> <u>2. Arteriosclerotic heart disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-24-1951, to 12-5-1956, that I last saw the deceased alive on 12-5-1956, and that death occurred at 11:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Helden M.D.</u>	23b. ADDRESS <u>Bevan Hill, Mo</u>	23c. DATE SIGNED <u>12-8-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-8-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kingsville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kingsville Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-10-56</u>	REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada &amp; Kay Helden</u> ADDRESS <u>Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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 *M. L. Canaday*.....

Licensed Embalmer No. *343*.....

P. O. Address *Helden*.....

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.