

FILED JAN 15 1957

THE DIVISION OF REALITY OF MISSOURI
STANDARD CERTIFICATE OF DEATH42203
STATE FILE NUMBERRegistration District No. 217 Primary Registration District No. 3045 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Charleston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Charleston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South 5th St.</u>		Length of stay in 1b <u>35 Years</u>		d. STREET ADDRESS <u>South 5th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Leslie</u> Middle <u>Boone</u> Last <u>Howle</u>				4. DATE OF DEATH Month <u>12</u> Day <u>22</u> Year <u>56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 29, 1906</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	11. BIRTHPLACE (City and state or country) <u>Morley, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James Polk Howle</u>				14. MOTHER'S MAIDEN NAME <u>Maude Dillworth</u>			
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>488-18-4055</u>		17. INFORMANT Address <u>Mrs. Eileen Howle, Charleston, Mo.</u>			
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>Suffocate and burns</u> DUE TO (b) <u>Smoking in bed</u> DUE TO (c) <u>9160</u> <u>16</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Bed caught on fire and burned.</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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 <u>1:00</u> Month <u>12</u> Day <u>23</u> Year <u>56</u> a. m. <u>A</u> 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.) <u>Charleston, Mississippi</u>	20f. CITY, TOWN, OR LOCATION <u>Charleston, Mississippi</u>		20g. COUNTY <u>Mississippi</u>	20h. STATE <u>MO</u>	
21. I attended the deceased from <u>no medical attendance</u> and last saw her <u>him</u> alive on <u>1:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James Shelby, Coroner</u> (Name or title)				22b. ADDRESS <u>3602 Prairie, MO</u>		22c. DATE SIGNED <u>12-26-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/23/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>			
24. FUNERAL DIRECTOR <u>The Sunneelee Funeral Chapel</u> Address <u>Charleston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1-8-57</u>		26. REGISTRAR'S SIGNATURE <u>Donathy B. Hutton</u>	

(Licensed Embalmer's Statement on Reverse Side)

with, unless public notice

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in Part I.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
Miss. Co. Health
County File No. _____
Date Filed 1-14

JAN 30 1958

JUL 2 1958

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~~ *Cavity and hypodermic only* Student Embalmer No.
~~working under my personal supervision.~~

Student
Signature of Student Embalmer

Signed *John F. Munnick Jr.*
Licensed Embalmer No. 38

P. O. Address *Charleston*

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