

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1895

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 2667 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY - Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - Missouri b. COUNTY - Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Troy, Rural		c. CITY OR TOWN - Elsberry	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) North Third Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION - Lincoln Co. Memorial Hospital			

3. NAME OF DECEASED (Type or Print) Lela		a. (First) Howard		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1/27/1957	
5. SEX - female		6. COLOR OR RACE - White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/14/1865		9. AGE (In years last birthday) 91	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Lincoln county, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME John W. Waters		13b. MOTHER'S MAIDEN NAME Mary Whiteside		14. NAME OF HUSBAND OR WIFE Chas. M. Howard (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Payton Howard - Elsberry, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction					
		ANTECEDENT CAUSES					
		DUE TO (b) arteriosclerosis of heart DUE TO (c) generalized arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-24, 1957, to 1-27, 1957, that I last saw the deceased alive on 1-26, 1957, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Louis P. Hetley MD		23b. ADDRESS 370 E. Wood, Troy, MO		23c. DATE SIGNED 2/1/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/29/1957		24c. NAME OF CEMETERY OR CREMATORY Elsberry Cemetery		24d. LOCATION (City, town, or county) (State) Elsberry, Lincoln, Mo.	
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DATE REC'D BY LOCAL REG. 2-9-1957		REGISTRAR'S SIGNATURE Emma D. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller - Elsberry		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Jan 27-1957, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 33

P. O. Address Elmhurst

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