

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3917

FILED MAR 4 1957

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Wyersville</u>		0230 0 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. No. 1</u>			Length of stay in lb <u>5y. 5Mo. 29d</u>			d. STREET ADDRESS <u>home</u>		
3. NAME OF DECEASED (Type or print) - First <u>Wray</u> Middle <u>A.</u> Last <u>Howard</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>23</u> Year <u>57</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 22, 88</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u> Hours <u>57</u> Min.	IF UNDER 24 HRS. Hours <u>57</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>John Whalen</u>				14. MOTHER'S MAIDEN NAME <u>Anna Holmberg</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>P.</u>		17. INFORMANT <u>State Hospital #1 Shelton, 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>Cerebrovascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension arterial</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>331X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7</u>		
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.) <u>0</u>					
20c. TIME OF INJURY Hour _____ 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 <u>Shelton</u>		COUNTY <u>Clark</u>		STATE <u>MO</u>	
21. <u>State Hospital No. 1</u> <u>Aug 24, 51</u> to <u>Feb. 23, 57</u> and last saw her <u>Feb. 23, 57</u> Death occurred at <u>11:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>R. C. Rowland M.D.</u>				22b. ADDRESS <u>Shelton, Mo</u>		22c. DATE SIGNED <u>2/23/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Feb 23-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OK</u>		23d. LOCATION (City, town, or county) (State) <u>Edina Mo</u>		
24. FUNERAL DIRECTOR <u>Hallace Funeral Home Shelton, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Feb. 23-1957</u>		26. REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>			

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Coroner cannot certify to a death due to natural causes.  
Diseases in Part I must be causally related.  
Coroner must use only standard nomenclature in Part I.

MAR 11 9 1951

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 *Wenzil C. Brown*

Licensed Embalmer No. *27*

P. O. Address *Fulton*

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.