

STANDARD CERTIFICATE OF DEATH

9124

STATE FILE NUMBER

FILED APR 9 - 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webb City <u>0492</u> <u>0</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 407 N. Devon St.			Length of stay in lb		d. STREET ADDRESS 302 N. Main St. (If outside, give location)
3. NAME OF DECEASED (Type or print) Nora			First Nora Middle Howe Last Howe		4. DATE OF DEATH April 3, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 11, 1888		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pratt Co. Kansas	
13. FATHER'S NAME John Wilson			14. MOTHER'S MAIDEN NAME Emma Hill		
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. 489-34-9843		17. INFORMANT Elmer Gordon Address Waukomis, Okla.	
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>Hypostatic pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral softening & cerebral hemorrhage</u> DUE TO (c) <u>Cerebral arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331x					INTERVAL BETWEEN ONSET AND DEATH 4 days 1 Mo. & 40 unknown
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 <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>					
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 <u>6-22-53</u> to <u>4/3/57</u> and last saw her ^{him} alive on <u>4/3/57</u> Death occurred at <u>9:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) (C. M. Ferguson M.D.)			22b. ADDRESS Webb City, Mo.		22c. DATE SIGNED 4-4-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-6-57		23c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery	
				23d. LOCATION (City, town, or county) (State) Oronogo, Mo.	
24. FUNERAL DIRECTOR ADDRESS Johnston-Arnice-Simpson Webb City, Mo.			25. DATE RECD. BY LOCAL REG. 4-6-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

Health, & Welfare Public Service

300 1-56

All 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

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.

4740

County File
Date Filed
APR
8 1957
57-4-386

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 J. Hawley E. [Signature]

Licensed Embalmer No. 446

P. O. Address W. City

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.