

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED APR 1 - 1957

Registration District No. 32.4 Primary Registration District No. 3072 Registrar's No. 44

Health,
Welfare
Public
Service

300
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Saline | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Slater <u>09710</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbons Hosp. | | Length of stay in lb 035 days | d. STREET ADDRESS 405 Rich (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> Helen Howlett Edwards | | | 4. DATE OF DEATH March 22, 1957 <i>Month Day Year</i> |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 1, 1871 |
| 9. AGE (In years last birthday) 85 | | IF UNDER 1 YEAR Months 9 Days 21 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Otterville, Missouri |
| 13. FATHER'S NAME Dr. R. E. Howlett | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 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. DK | 17. INFORMANT Address Mrs. Shelton Lessley, Slater, Mo. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis & uremia DUE TO (b) Partial intestinal obstruction DUE TO (c) Mass in rt. l. q. of abd. - undetermined PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Malnutrition | | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs. - 10 days 5 wks. 2 yrs. |
| 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 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 COUNTY STATE |
| 21. I attended the deceased from Oct. 7, 1941 , to Mar. 22, 1957 and last saw her alive on Mar. 22, 1957 . Death occurred at 10:06 P. m on the date stated above; and is the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. A. McBurney, M.D. | | 22b. ADDRESS Slater, Mo. | 22c. DATE SIGNED 3/22/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/24/1957 | 23c. NAME OF CEMETERY OR CREMATORY Otterville | 23d. LOCATION (City, town, or county) (State) Otterville, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Haines Funeral Home, Slater, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-24-57 | 26. REGISTRAR'S SIGNATURE Carl A. Head |

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1959

MAY 2 1959

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 *Walter J. Haines, Jr.*
Licensed Embalmer No. 45

P. O. Address *Slate*

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.