

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 570175339

Registration District No. 154 Primary Registration District No. 5575 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside, give TOWNSHIP only) TOWN RURAL JACKSON CO		c. CITY Hickman Mills OR TOWN RURAL JACKSON CO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RUSKIN HEIGHS		Length of stay in lb d. STREET ADDRESS 1141 GREENWOOD	
3. NAME OF DECEASED (Type or print) ORAL GLEN		4. DATE OF DEATH 5-20-57	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 1-16-1922	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PASTRY BUSINESS		10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	
11. BIRTHPLACE (City and state or country) ANDREWS, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN S. HOWER		14. MOTHER'S MAIDEN NAME CARRY TAYLOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES WW #2		16. SOCIAL SECURITY NO. 499-16-4362	
17. INFORMANT MARJORIE HOWER		Address 1141 GREENWOOD	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & hemorrhage resulting from fractured cervical spine DUE TO (b) multiple fracture in cervical spine DUE TO (c) multiple fracture in cervical spine PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), (c).		INTERVAL BETWEEN ONSET AND DEATH	
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.) Tamaleto victim	
20c. TIME OF INJURY 7:45 p.m. 5-20-57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Jackson		20f. COUNTY Jackson STATE MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. C. S. [Signature]		22b. ADDRESS 6627 Park St. [Signature]	
22c. DATE SIGNED 5-21-57		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 5-22-57		23c. NAME OF CEMETERY OR CREMATORY SAVANNAH	
23d. LOCATION (City, town, or county) SAVANNAH MO		(State)	
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. 5-22-57	
ADDRESS Raytown		26. REGISTRAR'S SIGNATURE [Signature]	

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

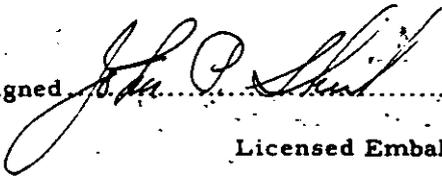
JUN 5 1957
JUN 7 1957

JUN 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate
by me, or by, Student Embalmer No
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No

P. O. Address *H.C.*

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.