

**Self-
reliance
service**

00
56

1503.

Coroner cannot certify to a death due to a natural cause unless the death is caused by a natural cause.

diseases in Part

11

Registration District No. 137		Primary Registration District No. 2-203		STATE FILE NUMBER 5-13	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Blainston</u> OR TOWN <u>Blainston</u>		c. CITY OR TOWN <u>Blainston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>At Home</u> HOSPITAL OR INSTITUTION <u>Life</u>		Length of stay in lb <u>Life</u>		d. STREET ADDRESS <u>Gen. Delaney</u> (If outside, give location) <u>Blainston</u>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>FRANCES</u> Last <u>HOWERTON</u>		4. DATE OF DEATH <u>July 10 1957</u> Month <u>July</u> Day <u>10</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>Oct 16, 1865</u>		9. AGE (In years last birthday) <u>90</u>		10. UNDER 1 YEAR IF UNDER 24 HRS. Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Ashley Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Wm F Carpenter</u>		14. MOTHER'S M maiden name <u>Sarah E Evans</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war & dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Mabelle Journey</u> Address <u>Blainston 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>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Sen Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4221</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.) _____			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Mar 2 56</u> to <u>July 9</u> and last saw her alive on <u>July 9 57</u> Death occurred at <u>6:30</u> a. m. on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) <u>Kelly Rowland M.D.</u> 22b. ADDRESS <u>Holden Mo</u> 22c. DATE SIGNED <u>7/10/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-12-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Carpenter</u>	
23d. LOCATION (City, town, or county) <u>Johnson County Missouri</u>		24. FUNERAL DIRECTOR <u>SGHABERG FUNERAL HOME</u> ADDRESS <u>Clinton Mo</u>			
25. DATE RECD. BY LOCAL REG. <u>7-11-57</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed F. L. Schaberg
Licensed Embalmer No. 4

P. O. Address Clinch

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.