THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24623

FILED AUG 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3434

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1219 East 59th — Length of stay in 1b: 42 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1219 East 59th Street — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: CAROL Last: HOWARD

4. DATE OF DEATH Month: 7 Day: 20 Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 10-27-1883

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Fort Madison, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William H. Howard

13b. MOTHER'S MAIDEN NAME: Mary Carol

14. NAME OF HUSBAND OR WIFE: Ruth Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 349-07-0802

17. INFORMANT: Ruth Howard Address: 1219 East 59th Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Complicating pulmonary edema — 2 days
DUE TO (c) arteriosclerotic Heart Disease — 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Arteriosclerosis - old Cerebral Vascular Accident
WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐

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 July 18 1957 to July 20 1957 and last saw her/him alive on July 19 1957
Death occurred at 7 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H E Smith (Degree or title) MD.

22b. ADDRESS 411 Nichols Road

22c. DATE SIGNED July 20 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-22-1957

23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cem.

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure K. C. Mo.

25. DATE RECD. BY LOCAL REG.: 7-22-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. E. Smith, M.D.

231 Plaza Terr
Smith, Herbert E.
Va 1. 8868

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 Elmo D. Tipdett

Licensed Embalmer No. 4817

P. O. Address Kansas City, Mo

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.

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