

FILED AUG 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24986

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5-568 Registrar's No. 335

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 corporate limits, give TOWNSHIP only) OR TOWN Blue Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Rt. 7		Length of stay in 1b -----	d. STREET ADDRESS 15605 Salisbury Rd.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLYDE Middle EUGENE Last HOWARD			4. DATE OF DEATH Month August Day 1, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 15, 1940	9. AGE (In years last birthday) 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Wheeling, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Rans C. Howard			14. MOTHER'S MAIDEN NAME Helen Dorothy Norris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 497-40-3613	17. INFORMANT Rans C. Howard, Independence, 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) Fractured Skull Broken DUE TO (b) Arms DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					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.) One car struck & parked truck		
20c. TIME OF INJURY 9:55 a.m. 8-5-57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Jackson Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:55 P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Angela M. Owens Coroner			22b. ADDRESS 1034 Piatt Bldg		22c. DATE SIGNED 8-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Mem. Gardens		23d. LOCATION (City, town, for county) (State) Independence, Mo.
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.			25. DATE RECD. BY LOCAL REG. 8-4-57	26. REGISTRAR'S SIGNATURE [Signature]	

AUG 5 1957

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *J. W. Gibson*

Licensed Embalmer No. *4*

P. O. Address *Indep.*

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.