S. No. 300
v. 10.48

FILED SEP 9 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28116

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5490 Registrar's No. 42

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**1. PLACE OF DEATH**
a. COUNTY: Harrison County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - White Oak
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 mile S.E. of New Hampton Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Minnesota
b. COUNTY: Hennepin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Minneapolis
d. STREET ADDRESS (If rural, give location): 3900 38th Ave

**3. NAME OF DECEASED** (Type or Print)
a. (First): Robert
b. (Middle): Nelson
c. (Last): Howell

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 2 - 1957

**5. SEX**: Male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: Dec. 24, 1936
**9. AGE** (In years last birthday): 20 yrs — 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): Railroad Switchman
**10b. KIND OF BUSINESS OR INDUSTRY**: Railroad
**11. BIRTHPLACE** (City and State or Foreign Country): Minneapolis Minn
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Paul N. Howell
**13b. MOTHER'S MAIDEN NAME**: Margaret Nelson
**14. NAME OF HUSBAND OR WIFE**: Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korea
**16. SOCIAL SECURITY NO.**: 471-34-3543
**17. INFORMANT'S SIGNATURE OR NAME**: Werness Bros — ADDRESS: Minneapolis Minn

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Death by Plane Crash

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
866X

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
39
**20. AUTOPSY?** 2 YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
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**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 12:20 A m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Ernest L. Stood (Coroner) DO
**23b. ADDRESS**: Bethany Mo
**23c. DATE SIGNED**: 9-3-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Sept-3-1957
**24c. NAME OF CEMETERY OR CREMATORY**: Dont Know
**24d. LOCATION** (City, town, or county) (State): Minneapolis Minnesota

**DATE REC'D BY LOCAL REG.**: 9-3-57
**REGISTRAR'S SIGNATURE**: Zella Mayey
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: W G Noble 9 Son New Hampton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 11 1957

## 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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground for revocation of license.)

If this body is not embalmed, fact should be so stated above.