

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28687**

FILED AUG 30 1957

BIRTH NO. _____ REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **3040** Registrar's No. **209**

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

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 4 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chillicothe Twp.		d. STREET ADDRESS (If rural, give location) 1/2 mile south of Chillicothe
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) VIRGIL b. (Middle) RAYMOND c. (Last) HOWE			4. DATE OF DEATH (Month) (Day) (Year) August 14, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 25 March 1917	9. AGE (In years last birthday) 40	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Equipment Operator
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Equipment Operator		10b. KIND OF BUSINESS OR INDUSTRY Earth Moving	11. BIRTHPLACE (City and State or Foreign Country) Livingston County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Oscar Andrew Howe		13b. MOTHER'S MAIDEN NAME Mary Edith McNally	14. NAME OF HUSBAND OR WIFE Juanita Burton Howe		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 88-14-2306	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. V. B. Howe; RR #1 Chillicothe		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute left heart failure</p>				<p>INTERVAL BETWEEN ONSET AND DEATH (MO.) 6 days</p>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June , 1957, to Aug 14, 1957 , that I last saw the deceased alive on Aug 14, 1957 and that death occurred at 8:30 am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) William L. Fair, M.D.			23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED 8/29/57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-16-57	24c. NAME OF CEMETERY OR CREMATORY Edgewood	24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri		
DATE REC'D BY LOCAL REG. 8/20/57	REGISTRAR'S SIGNATURE Francis B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo		

AUG 30 1951

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
Student Embalmer

Signed Edwin F. Newman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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