THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

STATE FILE NUMBER 29051

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Moberly — Inside Limits: Yes [x] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ~~Whittaker Hospital~~ — Length of stay in 1b: ~~3 weeks~~

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Monroe
c. CITY OR TOWN: Holliday 0690 — Inside Limits: Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location): xxxxxxxxxxxxx — Reside on Farm: Yes [ ] No [x]

3. NAME OF DECEASED (Type or print): First: Grace Middle: Cooper Last: Howe

4. DATE OF DEATH: Month 8 Day 15 Year 1957

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11/22/1871

9. AGE (In years last birthday): 86 — 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): home making

10b. KIND OF BUSINESS OR INDUSTRY: home makijg

11. BIRTHPLACE (City and state or country): Union Co Iowa

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Henry Cooper

13b. MOTHER'S MAIDEN NAME: Mary Jane Julian

14. NAME OF HUSBAND OR WIFE: W E 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.: none

17. INFORMANT: W E Howe Address: Holliday, Mo

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) Inanition and debilitation — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rectal hemorrhages
DUE TO (c) Causes undetermined
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 578X

19. 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 24, 1957, to Aug. 15, 1957 and last saw her alive on 8/15/57
Death occurred at 8.30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: x E. T. Whitaker D.O. (Degree or title)

22b. ADDRESS: 205 S. Fifth St., Moberly, Mo.

22c. DATE SIGNED: 8/17/57

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

23b. DATE: 8/17/57

23c. NAME OF CEMETERY OR CREMATORY

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

24. FUNERAL DIRECTOR: Fred A Thompson ADDRESS: Madison, Mo

25. DATE REGD. BY LOCAL REG.: 8/15/1957

26. REGISTRAR'S SIGNATURE: Leabel Howe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Mrs Fred A Hemmig

Licensed Embalmer No. 328

P. O. Address Mandeville

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.