

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32895**

FILED SEP 23 1957

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **383**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY OR TOWN SEDALIA		c. CITY OR TOWN SEDALIA	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 645 East 19th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION SEDALIA REST HOME			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) SAMUEL c. (Last) HOWARD			4. DATE OF DEATH Sept 12, 1957 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 18, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer retired		10b. KIND OF BUSINESS OR INDUSTRY Gen Labor	11. BIRTHPLACE (City and State or Foreign Country) Decatur County, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Howard		13b. MOTHER'S MAIDEN NAME Lydia M. Gibblet		14. NAME OF HUSBAND OR WIFE Ida E. Howard	
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. *****		17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS Claude M. Howard, 645 East 19th Sedalia, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL PNEUMONIA		DUPLICATE OF (a) TERMINAL PNEUMONIA		
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CEREBRAL APOPLEXY (2 WEEKS)		
		DUE TO (c) MALNUTRITION SENILITY		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334x		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" 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 **SEPT. 9, 1957** to **DEATH, 1957**, that I last saw the deceased alive on **SEPT 12, 1957**, and that death occurred at **2:15 PM**, from the causes and on the date stated above.

23a. SIGNATURE Karl B. Gower MD (Degree or title)		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 12 SEPT 57	
--	--	--------------------------------	--	------------------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 9/14/57		24c. NAME OF CEMETERY OR CREMATORY Knobby Cemetery		24d. LOCATION (City, town, or county) (State) Rural Hickory County, Mo.	
---	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 9-14-57		REGISTRAR'S SIGNATURE Francis Shelby		25. FUNERAL DIRECTOR'S SIGNATURE Francis Shelby ADDRESS	
---	--	---	--	--	--

(Licensed Embalmer) Statement on Reverse Side

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

410

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 *R. E. Baker*.....

Licensed Embalmer No. *2419*.....

P. O. Address. *Seclusion*.....

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.