FILED NOV 14 1957

Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36943

Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1¼ Mi SW Buckhorn, Mo 1¼ Mi S Hwy 17 Liberty Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Hospital --

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California b. COUNTY Orange
c. CITY OR TOWN Long Beach — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 835 Walnut (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle LEE Last HOWARD

4. DATE OF DEATH Month November Day 5 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 25 Apr 1928

9. AGE (In years last birthday) 29 — 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) Soldier

10b. KIND OF BUSINESS OR INDUSTRY US Army

11. BIRTHPLACE (City and state or country) Tulare, California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A Howard

14. MOTHER'S MAIDEN NAME Mary Margaret (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 9 Yrs 2 Mos

16. SOCIAL SECURITY NO. 555-32-2702

17. INFORMANT K J KUNCE 2d Lt MSC Address US Army Hosp Ft Leonard Wood, 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) Acute coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Severe Arteriosclerotic heart disease
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

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~~ saw the deceased ~~from~~ on 5 Nov 1957 ~~to~~ ~~and last saw him alive on~~
Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James F. White, Capt, MC (Degree or title)

22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri

22c. DATE SIGNED 6 Nov 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7 Nov 57

23c. NAME OF CEMETERY OR CREMATORY Unknown

23d. LOCATION (City, town, or county) (State) Huntington Beach California

24. FUNERAL DIRECTOR Bill Jr Hedges **ADDRESS** HEDGES FUNERAL HOMES INC CROCKER MO

25. DATE RECD. BY LOCAL REG. 11-7-57

26. REGISTRAR'S SIGNATURE Eula Lee Anderson

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-9-57
Pulaski County Health Officer
File Number 140
Date Filed 11-7-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Thos

Licensed Embalmer No. 489

P. O. Address Waynesville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.