

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

482

State File No.

No. 300
10.48

FILED FEB 13 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East</u>		e. STREET ADDRESS (If rural, give location) <u>2040</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>COLUMBUS</u> b. (Middle) <u>IRORACE</u> c. (Last) <u>HOWARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 13, 1879</u>		9. AGE (In years last birthday) <u>78</u> If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel-Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger County Mo.</u>	
13a. FATHER'S NAME <u>Allen Howard</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Tong</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Peak Howard</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>429-03-2107</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma Howard</u> ADDRESS <u>Glen Allen, Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction (post lat).</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Acute monocytic Leucemia</u>			
		DUE TO (c) <u>Also Beriberi. Vascular</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Accident</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 2-2, 1958, to 2-4, 1958, that I last saw the deceased alive on 2-4, 1958, and that death occurred at 4:31 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur M. Ester, M.D.</u>		23b. ADDRESS <u>Base Gir. Mo 714 Broadway</u>		23c. DATE SIGNED <u>2-6-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-7-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glen Allen Cem</u>	
		24d. LOCATION (City, town, or county) <u>Glen Allen, Mo</u>		(State)	

DATE REC'D BY LOCAL REG. <u>Feb. 7, 1958</u>		REGISTRAR'S SIGNATURE <u>Dr. Homer E. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u> ADDRESS <u>Intersville, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 19 1958

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. O. Rain*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, N.*

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.