FILED FEB 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1529

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Jackson County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Versailles — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Resided on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Jennie Middle L. Last Howard
4. DATE OF DEATH Month Jan Day 16 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Sept-24-1872
9. AGE (In years last birthday) 85 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Morgan Co Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John D. Stevens
14. MOTHER'S MAIDEN NAME Martha A Kelsey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Address Marshall Howard Boonville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Subcapital Fracture Left Femur
DUE TO (c) 9040

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21
Arteriosclerosis.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell in Home
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 1-9-58
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.) At Home
20f. CITY, TOWN, OR LOCATION Blue Springs COUNTY Jackson STATE Mo

21. I attended the deceased from 1-7-58, to 1-16-58 and last saw her/him alive on 1-16-58
Death occurred at 6-58 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert A Fitzgerald M.D. (Degree or title)
22b. ADDRESS Independence Mo
22c. DATE SIGNED 16 Jan 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan. 17-58
23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery
23d. LOCATION (City, town, or county) (State) Versailles - Missouri

24. FUNERAL DIRECTOR Roland R. Speaks ADDRESS
25. DATE RECD. BY LOCAL REG. 1-17-58
26. REGISTRAR'S SIGNATURE James S Craig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Deaths, whether due to or not due to diseases in Part I must be casually related.

FEB 4 1958

MAR 12 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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