Health, & Welfare Public Service

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FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010979
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 5923 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) SEDALIA — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BUENA VISTA HOME — Length of stay in 1b 6 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PETTIS 6800
c. CITY OR TOWN SEDALIA — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Georgetown Rd. Cedar Township — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First AGNES Middle ROSS Last HOWERTON

4. DATE OF DEATH Month 10 Day 1958 Year

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH August 9, 1865
9. AGE (In years last birthday) 92 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Davis County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Ross
13b. MOTHER'S MAIDEN NAME Melvina Marksberry
14. NAME OF HUSBAND OR WIFE Peter H. Howerton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Address U. L. Howerton, Sedalia, Missouri

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) ABDOMINAL MALIGNANCY TYPE UNDETERMINED.-
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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)
MYOCARDITIS - SENILITY. 1992

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.) 2
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 JAN-57, to DEATH.- and last saw her/him alive on JAN-14 58
Death occurred at 4:20-PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Karl B Gonar MD
22b. ADDRESS Sedalia Mo
22c. DATE SIGNED 12 March 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/12/1958
23c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery
23d. LOCATION (City, town, or county) (State) Rural Henry County, Missouri

24. FUNERAL DIRECTOR Duane Ewing ADDRESS Sedalia, Mo.
25. DATE RECD. BY LOCAL REG. 3-12-1958
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 ..... Signed Donald R. Bellmer
Signature of Student Embalmer

Licensed Embalmer No. 4992

P. O. Address Sedalia, M

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.