

Health & Welfare Public Service
300
1-57
210
All diseases in Part I must be causally related.
DOCTOR, CORONER, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Viola Howell
FILED APR 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011021
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3084 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY PIKE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY PIKE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE COUNTY HOSP 75 YRS		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1110 GEORGIA ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VIOLA Middle JORDAN Last HOWELL			4. DATE OF DEATH Month MARCH Day 17 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 4, 1871	9. AGE (In years at birthday) 86	IF UNDER 1 YEAR Months Days 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) NEAR FOLIA, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME THOMAS MARSH		13b. MOTHER'S MAIDEN NAME SAVALIA GIBBS	14. NAME OF HUSBAND OR WIFE A. B. HOWELL (DECEASED)		
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. NONE	17. INFORMANT MARY VAL MARSH 38 NORTH MICHIGAN REDLANDS, CALIF.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Thrombophelitis of Leg with gangrene					INTERVAL BETWEEN ONSET AND DEATH 4 1/2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) General Arterio Sclerosis.			DUE TO (c) 463X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Rheumatoid Arthritis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Feb 12, 1958 to March 17, 1958 last saw her alive on 3/17/58 Death occurred at 3:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert H. Andrae M.D. (Decease or title)			22b. ADDRESS Louisiana Mo.		22c. DATE SIGNED 3/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 19, 1958	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM	23d. LOCATION (City, town, or county) LOUISIANA, MO.	(State)
24. FUNERAL DIRECTOR GEO. M. COLLIER, LOUISIANA, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. March 19, 1958	REGISTRAR'S SIGNATURE Bernice Callier	

1958 - 2 70r

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 *Geo. M. Collier*

Licensed Embalmer No.....

P. O. Address.....

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.