

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012985
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 39

300
-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Ionia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3		Length of stay in 1b 1 Mo. 10 Da	d. STREET ADDRESS (If outside, give location) Unknown
3. NAME OF DECEASED (Type or print) First Albert Middle Last Howe			4. DATE OF DEATH Month March Day 21 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 30, 1892
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Benton County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Howe	13b. MOTHER'S MAIDEN NAME Mary Jean Beman
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 495-36-7196
17. INFORMANT Hospital Records State Hospital #3		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Psychosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) 309X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 a.m. 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 11, 1958 to March 21, 1958 and last saw him alive on March 21, 1958 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 <i>W.C. Bradley</i>		22b. ADDRESS <i>State Hospital #3 Nevada, Mo</i>	22c. DATE SIGNED 3-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-23-1958	23c. NAME OF CEMETERY OR CREMATORY Ionia	23d. LOCATION (City, town, or county) (State) Pettis County, MO
24. GENERAL DIRECTOR <i>Wm Ewing Sedalia</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-21-1958	26. REGISTRAR'S SIGNATURE <i>Anna E Terry</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 26 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 *Frank Ewing*

Licensed Embalmer No. *384*

P. O. Address *Lebanon Mo*

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.