

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021750
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 141 Primary Registration District No. 3625 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN West Plains 0461 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 30 yrs	d. STREET ADDRESS (If outside, give location) 505 East Cleveland
3. NAME OF DECEASED (Type or print) First IDA Middle AUGUSTA Last HOWARD	4. DATE OF DEATH Month June Day 25 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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? USA 1938
13a. FATHER'S NAME Tanten		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Pete Aaron Howard
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 Address Mo. OAA records, West Plains, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) myocarditis, chronic DUE TO (c) bronchopneumonia 4222			INTERVAL BETWEEN ONSET AND DEATH 3 weeks 7 years 3 months 3 months
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 6:30 Month June Day 25 Year 1958 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 April 14, 1958 to June 25, 1958 and last saw him alive on June 21, 1958 Death occurred at June 25, 1958 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ingrid S. Bailey</i> (Degree or title) 2		22b. ADDRESS D.O. West Plains, Mo.	22c. DATE SIGNED 6/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jun. 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Howell Valley Cem.	23d. LOCATION (City, town, or county) (State) Howell Co., Missouri
24. FUNERAL DIRECTOR <i>Hal Thornburgh</i> ADDRESS THORNBURGH FUNERAL HOME WEST PLAINS, MO.	25. DATE RECD. BY LOCAL REG. 7-3-58	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Hal Thomburg*

Licensed Embalmer No. **3408**
THORNBURGH FUNERAL HOME
P. O. Address WEST PLAINS, 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.