

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028606

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 253

300  
1-57

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Jefferson City, Mo.</b>   |                                  | c. CITY OR TOWN <b>Jeffersohn City, Mo.</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>206 Ridgeway</b>   |                                  | d. STREET ADDRESS (If outside, give location)<br><b>206 Ridgeway</b>  |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>HENRY THOMAS HOWELLS</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>AUGUST 21, 1958</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 28, 1883</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Supt. of Buildings</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Leamington Spa England</b>  | 9. AGE (In years at birthday) <b>74</b><br>IF UNDER 1 YEAR: Months <b>8</b> Day <b>23</b> Hours <b></b> Min. <b></b><br>12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
| 13a. FATHER'S NAME<br><b>George Howells</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Hand</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Constance Barnes</b>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                   |  |
| 16. SOCIAL SECURITY NO.<br><b>068-10-1454</b>  |                                  | 17. INFORMANT<br>Address<br><b>Mrs Constance Howells J C Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <b>Hypertensive Cardio Vascular Disease</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>1) Diabetes mellitus. 2) Cystitis acute</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 yrs</b>   |
| 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |                                  |   |  |
| 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 <b>Aug 20, 1958</b> to <b>Aug 21, 1958</b> and last saw her alive on <b>Aug 20, 1958</b><br>Death occurred at <b>7:45 A M</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>L. B. J. Slebla M.D.</b>  |                                  | 22b. ADDRESS<br><b>Jefferson City Mo</b>  |  |
| 22c. DATE SIGNED<br><b>8-22-58</b>   |                                  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>8/23/58</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Riverview C metery</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson City, Mo.</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Sybil... Slebla</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>25 August 1958</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>R. P. ...</b>  |                                  |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be stated in full. No symptoms will be listed. No symptoms will be listed. No symptoms will be listed.

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 *Sylvester Dulle* .....

Licensed Embalmer No. *4321* .....

P. O. Address *Jeffersonville* .....

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.