

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032734

STATE FILE NUMBER

OCT 15 1958

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4580

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		d. STREET ADDRESS (If outside, give location) 1730 Troost	
Length of stay in lb 40 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last AUBREY HOWARD			4. DATE OF DEATH Month Day Year 9th 26th 1958		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-24-95	9. AGE (In years last birthday) 62 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General Constr	11. BIRTHPLACE (City and state or country) Bonceton, Mo	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Cornelius Howard	13b. MOTHER'S MAIDEN NAME Molly Green	14. NAME OF HUSBAND OR WIFE Never married
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 495 10 3388	17. INFORMANT Address V.A. Hospital Records, K.C., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive exsanguinating hemorrhage from oral & nasal cavities.		INTERVAL BETWEEN ONSET AND DEATH 5810
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bleeding esophageal varices.	
	DUE TO (c) Cirrhosis of the liver.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. Attended the deceased from <u>September 19, 1958</u> to <u>September 26, 1958</u> Death occurred at <u>1:30 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. J. Williams</u> (Degree or title)	22b. ADDRESS <u>V.A. Hospital, Kansas City, Mo</u>	22c. DATE SIGNED <u>9-26-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-30-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Port Leavenworth, Kansas</u>
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24. FUNERAL DIRECTOR <u>Mrs. Meek's Mortuary, K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-27-58</u>	26. REGISTRAR'S SIGNATURE <u>Ilva Marshall</u>
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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 *Willard B. Perkins*

Licensed Embalmer No. *5013*
P. O. Address *I. C. 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.