Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-037023
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 182

NOV 10 1958

**1. PLACE OF DEATH**
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Bedford Twp — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lincoln Co. Mem. — Length of stay in Ib: Hosp 1 Week

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Hawk Point — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: Almirinda Middle: None Last: Howell

**4. DATE OF DEATH**: Month: Nov. Day: 1, Year: 1958

**5. SEX**: Female **6. COLOR OR RACE**: White **7. MARITAL STATUS**: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ **8. DATE OF BIRTH**: Jan. 21, 1892 **9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Registered Nurse
**10b. KIND OF BUSINESS OR INDUSTRY**: Public Health
**11. BIRTHPLACE** (City and state or country): Hawk Point, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William B. Howell
**13b. MOTHER'S MAIDEN NAME**: Katherine Nichols
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 491-36-7324
**17. INFORMANT**: A Mre Dona Lynch, Troy, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of ovaries
DUE TO (c): 1750
INTERVAL BETWEEN ONSET AND DEATH: 8 years
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?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**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 Oct. 23, 1958, to Nov. 1, 1958 and last saw her alive on Nov. 1, 1958
Death occurred at 11:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): M.D.
**22b. ADDRESS**: Troy, Missouri
**22c. DATE SIGNED**: 11/3/58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 11/4/58
**23c. NAME OF CEMETERY OR CREMATORY**: Hawk Point Cemetery
**23d. LOCATION** (City, town, or county) (State): Hawk Point, Missouri.

**24. FUNERAL DIRECTOR** ADDRESS: Kemper-Harsh Funeral Home, Troy, Mo.
**25. DATE RECD. BY LOCAL REG.**: 11-4-58
**26. REGISTRAR'S SIGNATURE**: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

DEC 1 1958
JAN 7 1959
US MAY 22 1959

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 Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.