

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038778

STATE FILE NUMBER

FILED NOV 21 1958

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 239

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Length of stay in 1b 7 days		d. STREET ADDRESS RFD 1 (If outside, give location) West Liberty		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Annie Middle Rachael Last Howard				4. DATE OF DEATH Month Nov. Day 4 Year 1958					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 2, 1886		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Stanton, Virginia		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Frank Cox			13b. MOTHER'S MAIDEN NAME Mattie Neff			14. NAME OF HUSBAND OR WIFE Martin Howard			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No			16. SOCIAL SECURITY NO. 498-18-6355B		17. INFORMANT Address RFD 1 Mr. Martin Howard Mexico, 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) - Myocardial failure							INTERVAL BETWEEN ONSET AND DEATH instant		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - Myocardial infarction							7 days		
DUE TO (c) - Coronary arteriosclerosis							years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Hypertension							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201						
20c. TIME OF INJURY Hour 10:30 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	
21. I attended the deceased from Sept 1953 to 11-4-58 and last saw her alive on 11-4-58 Death occurred at 10:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Harold Lawrence M.D. (Degree or title)				22b. ADDRESS Mexico Mo		22c. DATE SIGNED 11-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-6-58	23c. NAME OF CEMETERY OR CREMATORY South Fork Cemetery		23d. LOCATION (City, town, or county) (State) Monroe County, Missouri				
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.			25. DATE RECD. BY LOCAL REG. Nov 5-1958		26. REGISTRAR'S SIGNATURE Branche Neely				

All diseases in Part I must be causally related to the cause of death. No symptoms will be listed.

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RED INK IF POSSIBLE

JAN 6 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 [Signature]

Licensed Embalmer No. 4492 P. O. Address [Signature]

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.