

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039547

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1188

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>Springfield 0396</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Burge Hosp.</u>  |                                  | Length of stay in lb<br><u>35 yrs.</u>   | d. STREET ADDRESS (If outside, give location)<br><u>834 W. Monroe</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Clara E. Howell</u>   |                                  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Dec. 7, 1958</u>  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> / EVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Feb. 19, 1887</u>   |
| 9. AGE (In years last birthday)<br><u>71</u>   |                                  | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HRS.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Springfield, Missouri</u>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>  |                                  | 13a. FATHER'S NAME<br><u>Lewis C. Cox</u>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Mary Jane Sims</u>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>George A. Howell</u>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>491-03-8696</u>  | 17. INFORMANT<br>Address<br><u>George A. Howell-Springfield, Mo.</u>   |
| 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) <u>Bronchial Pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinomatous</u><br>DUE TO (c) <u>Carcinoma of Rt Breast</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>170X</u> |                                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><u>1 yr.</u><br><u>4 yrs.</u>   |
| 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.)<br><u>170X</u>  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  |  |  |
| 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 <u>1-14-54</u> to <u>12-7-58</u> and last saw her alive on <u>12-7-58</u><br>Death occurred at <u>9:45 hr.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Michael J. Glanville M.D.</u>   |                                  | 22b. ADDRESS<br><u>1636 S. Glendale</u>  | 22c. DATE SIGNED<br><u>12-9-58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>12-9-1958</u>    | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Jamesville Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Christian County, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>Rex Rainey--Springfield, Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>12-9-58</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Effie G. Melton</u>  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK; OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

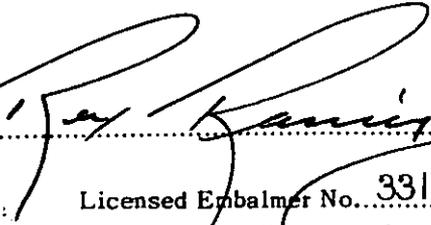
All diseases in Part I must be causally related.

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  \_\_\_\_\_  
Licensed Embalmer No. 3312  
P. O. Address Springfield, 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.