

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039650

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 175

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY GRUNDY	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON	a. STATE MO	b. COUNTY GRUNDY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WRIGHT HOSPITAL		c. CITY OR TOWN TRENTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b		d. STREET ADDRESS 1720 CHICAGO ST	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
EARL GARNETT HOWE			NOV 25 1958		
5. SEX MALE	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 AUG 5 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) GRUNDY CO. MO.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME MATHIAS HOWE			14. MOTHER'S MAIDEN NAME LOUISA MARRS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address DESSIE HOWE TRENTON MO 1720 CHICAGO	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Liver - Crushed Chest		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)		
DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Car Wreck - on U.S. Highway 65	
20c. TIME OF INJURY 4:45 P. M. NOV 25 1958	3 1/2 miles north of Trenton Mo	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 65	20f. CITY, TOWN, OR LOCATION COUNTY STATE Trenton Grundy Mo
21. I attended the deceased from Nov 25 1958 to Nov 25 1958 and last saw him alive on Nov 25 1958. Death occurred at 5:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Name and degree or title) Oliver F. Jeffrey M.D.	22b. ADDRESS Trenton Mo	22c. DATE SIGNED Nov 26 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV-28-1958	23c. NAME OF CEMETERY OR CREMATORY NORTH EVANS CEMETERY	23d. LOCATION (City, town, or county) GRUNDY CO. MO.
24. FUNERAL DIRECTOR ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO		25. DATE RECD. BY LOCAL REG. 11-28-58	26. REGISTRAR'S SIGNATURE Irene Jaur

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

REPRODUCED IN PART BY MOST OF COURTESY RELATED. CARBONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

VS JUN 10 1960

VS JUN 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ross Wise*.....

Licensed Embalmer No. *37*

P. O. Address *Spicker*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.