

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040916
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 264 Primary Registration District No. 5898 Registrar's No. 40

300
1-57

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp.		c. CITY OR TOWN Richland Twp. ⁰⁷⁷⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		d. STREET (If outside, give location) ADDRESS R-2, Dora, Mo.	
Length of stay in lb 70 yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ARMANDA Middle JANE Last HOWARD			4. DATE OF DEATH Month Nov. Day 16, Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 14, 1883
9. AGE (In years last birthday) 75		10. FUNDING YEAR Months 0 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. J. Smith		13b. MOTHER'S MAIDEN NAME Nancy Davis	14. NAME OF HUSBAND OR WIFE W. T. Howard
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. none	17. INFORMANT Address Wm. H. Howard, Dora, 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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c) Sensitivity			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour 1: a.m. 0 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 2-7-49 , to 11-16-58 and last saw her ^{him} alive on 11-10-58 Death occurred at 1: a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS West Plains Mo	
22c. DATE SIGNED 11-17-58			
23a. BURIAL, CREMATION, REMOVAL (specify) burial		23b. DATE NOV 18 1958	
23c. NAME OF CEMETERY OR CREMATORY Ball Cemetery		23d. LOCATION (City, town, or County) (State) Ozark Co., Missouri	
24. FUNERAL DIRECTOR Hal Lomburg		25. DATE RECD. BY LOCAL REG. Nov. 19-58	
ADDRESS CARTER FUNERAL HOME WEST PLAINS, MO.		26. REGISTRAR'S SIGNATURE Shane Mahan	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Harold Thomsen*

Licensed Embalmer No. *3408*

P. O. Address *CARTER FUNERAL HOME
WEST PLAINS, 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.

DEC 11 1958