

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041720

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10713

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salisbury Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		Length of stay in 1b 10 Wks	d. STREET ADDRESS (If outside, give location) 31 South Maple, St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BENJAMIN Middle FRANKLIN Last HOWARD			4. DATE OF DEATH Month NOVEMBER Day 6 Year 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 Dec. 15, 1908		9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer	10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad	11. BIRTHPLACE (City and state or country) Keyesville, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin Franklin Howard	13b. MOTHER'S MAIDEN NAME Mary Matilda Baldrige	14. NAME OF HUSBAND OR WIFE Edna Stephen Howard
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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. 702-09-9975	17. INFORMANT Lawrence Howard, Salisbury, Mo.
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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 CONGENITAL INTRACRANIAL ANEURYSM	INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

330x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
BRONCHOPNEUMONIA

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ 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 Salisbury	COUNTY Chariton	STATE Missouri
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21. I attended the deceased from AUG. 28, 1958 to NOV. 6, 1958 and last saw her alive on NOV. 6, 1958 Death occurred at 12:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>E. Vermillion, M.D.</i> (Degree or title) M. D.	22b. ADDRESS Barnes Hospital	22c. DATE SIGNED 11/7/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-9-58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Salisbury, Mo.
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24. FUNERAL DIRECTOR Albert H. Hoppe	ADDRESS 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. NOV 7 58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>
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(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.

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

J. W. Pinkney

Licensed Embalmer No. 365-3

P. O. Address... St. Louis, 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.