

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043407

STATE FILE NUMBER

FILED JAN 15 1959 Registration District No. 43 Primary Registration District No. Registrar's No. 8

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1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebraska b. COUNTY Douglas <i>8260</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Omaha		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 1/2 Mi N, E, of Poplar Bluff		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6614 Sunshine Drive		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ernest Melville Howell			4. DATE OF DEATH Month Day Year 12-26-58		
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 12-30-1915	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Month 11 Day 26
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) USAF		10b. KIND OF BUSINESS OR USAF	11. BIRTHPLACE (City and state or country) Athans, Ga.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ernest M, Howell		13b. MOTHER'S MAIDEN NAME Ruby Clifton		14. NAME OF HUSBAND OR WIFE Margory Howell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, state date of discharge) Yes 1941 to 1958		16. SOCIAL SECURITY NO. 254-18-8534	17. INFORMANT Address Miller Walton, Miami Fla,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fractures					INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					866X
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.) airplane accident			
20c. TIME OF INJURY Hour 11:45 a.m. Month, Day, Year 12-26-58					
20d. INJURY OCCURRED WHILE AT <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.) Farm			
		20f. CITY, TOWN, OR LOCATION Poplar Bluff COUNTY Butler STATE Mo			
21. I attended the deceased from _____ to _____, and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Grover W. Peeler, Coroner			22b. ADDRESS Poplar Bluff Mo		22c. DATE SIGNED 12-27-58
23a. BURIAL, CREMATION, REMOVAL Removal		23b. DATE 12-30-58	23c. NAME OF CEMETERY OR CREMATORY arlington national		23d. LOCATION (City, town, or county) (State) arlington Virginia
24. FUNERAL DIRECTOR JC Fisk		ADDRESS Fisk, Mo.	25. DATE RECD. BY LOCAL REG. 1/10/59		26. REGISTRAR'S SIGNATURE R. M. Muehle

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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

Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address ... *Berrien, MI*

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.