

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000080  
STATE FILE NUMBER

FILED JAN 29 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 22

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>608 N. Clark</b>		d. STREET ADDRESS <b>608 N. Clark</b>	

3. NAME OF DECEASED (Type or print) First <b>Iva</b> Middle <b>Lloyd</b> Last <b>Howard</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>25</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 19, 1890</b>	9. AGE (In years) <b>68</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Automotive</b>	11. BIRTHPLACE (City and state or country) <b>Strather, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Lucian Howard</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Smithey</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie Stephens Howard</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Years or dates of service) <b>YES</b>	16. SOCIAL SECURITY NO. <b>494-10-6167</b>	17. INFORMANT <b>Clifford Howard</b>	Address <b>Mexico, Mo.</b>
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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) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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) <b>4261</b>		

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from <b>Jan 24 1959</b> and last saw him alive on <b>Jan 25 1959</b> Death occurred at <b>8-A</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>C. L. Garcia MD</b>	(Degree or title)	22b. ADDRESS <b>Mexico Mo</b>	22c. DATE SIGNED <b>Jan 26 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-27-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Mem. Park</b>	23d. LOCATION (City, town, or county) <b>Mexico, Mo.</b>
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24. FUNERAL DIRECTOR <b>Arnold Funeral Home Mexico, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Jan 27-1959</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**C. L. GARCIA MD**

JAN 29 1959

JUN 9 1959

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 *Scott Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Melvin, 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.