

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009464

STATE FILE NUMBER 1131

FILED MAR 19 1959

Registration District No. 149 Primary Registration District No. 602

Registrar's No. 1131

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Length of stay in lb unk.	d. STREET ADDRESS (If outside, give location) 905 Jefferson Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harold Middle E. Last Howerton			4. DATE OF DEATH Month March Day 2 Year 1959
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. 2, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufac. Rep.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) 57-33
11. BIRTHPLACE (City and state or country) Denver, Colo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Clyde Howerton		13b. MOTHER'S MAIDEN NAME Ester Jeffries	14. NAME OF HUSBAND OR WIFE Jeanette Howerton
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. unk.	17. INFORMANT Jeanette Howerton Address 905 Jefferson, K.C. 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) Acute Fulminant Edema 24 hrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chol. Uræmia (Chronic Nephritis) 18 hrs DUE TO (c) Seq. Asthma Sclerosis 4 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus 44 yrs			INTERVAL BETWEEN ONSET AND DEATH 4 yrs
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. Month, Day, Year _____			
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		COUNTY	STATE
21. I attended the deceased from 10/6/54 to 3/2/59 and last saw him alive on 3/1/59 Death occurred at Research Hospital, K.C. Mo. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert C. McClure, M.D. (Degree or title)		22b. ADDRESS 820 Professional Bldg	22c. DATE SIGNED 3/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE March 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Cremation - Newcomer	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Stine & McClure		ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 3-2-59
26. REGISTRAR'S SIGNATURE Neva Marshall			

Robert C. McClure, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William M. Jurn*

Licensed Embalmer No. *464*
P. O. Address *Lawrence City*

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.