

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012843

STATE FILE NUMBER

FILED MAY 14 1959

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 19

300  
-57

4

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Campbell</b>		c. CITY OR TOWN <b>Campbell</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Bap. Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>421 N. Main</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <b>8 Mo.</b>			

3. NAME OF DECEASED (Type or print) First <b>PERRY</b> Middle <b>FRANKLIN</b> Last <b>HOWARD</b>			4. DATE OF DEATH Month <b>May</b> Day <b>6</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>July 9, 1876</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>35</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>Retired Interior Decorator</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Dunklin County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Bryant Howard</b>	13b. MOTHER'S MAIDEN NAME <b>Rachel McElyea</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Beulah Campbell, Campbell, Missouri</b> Address
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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>Metastatic Carcinoma Cervical glands, RT Supraclavicular</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Primary unknown</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>Diabetes mellitus - 1980</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</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 _____ Month, Day, Year _____ a.m. _____ p.m. _____
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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
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21. I attended the deceased from <b>10/6/58</b> to <b>5/7/59</b> and last saw <sup>her</sup> him alive on <b>5/7/59</b> Death occurred at <b>11:22 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Wallace A. Belsey M.D.</b>	22b. ADDRESS <b>Campbell, Mo.</b>	22c. DATE SIGNED <b>5/8/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 9, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Campbell, Missouri</b>
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24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-9-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Beulah Campbell</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

County, laborer, etc. must use only standard embalmers' preparation. 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 *Christina M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.