

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013354

State File No.

FILED APR 20 1959

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1568

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, write RURAL, and give town or township) Kansas City,		c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY OR TOWN Kansas City,
d. FULL NAME OF HOSPITAL OR INSTITUTION 2614 Forest Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) P. c. (Last) Howell		4. DATE OF DEATH (Month) (Day) (Year) March 23, 1959	

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Armour Packing	11. BIRTHPLACE (City and State or Foreign Country) Danville, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Hamp Howell	13b. MOTHER'S MAIDEN NAME Alma White	14. NAME OF HUSBAND OR WIFE Howell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes WW # 1	16. SOCIAL SECURITY NO. 431-16-7972	17. INFORMANT'S SIGNATURE OR NAME Marie H. Bagby, Dardanville, Ark. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Dilatation of Right Heart		
	DUE TO (c) Cardiac Hypertrophy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 431	20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Deputy Coroner (Degree or title) M.D.	23b. ADDRESS 1618 Lydia St.	23c. DATE SIGNED 3/24/59
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-30-59	24c. NAME OF CEMETERY OR CREMATORY National Cemetery
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3-26-59 Neva Marshall	24d. LOCATION (City, town, or county) (State) Fort Leavenworth, Kans.	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Meek's Mortuary, K. C. Mo. ADDRESS

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1201

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 *Millard B. Pasquin*.....

Licensed Embalmer No. *501*.....

P. O. Address *A. C. M.*.....

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.