Health, Welfare Public Service

W.J.Glass, Jr. M.D.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016662

STATE FILE NUMBER

FILED JUN 12 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 85

300-1-57

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Monett — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): So. Eisenhower — Length of stay in hospital: 24 Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN: Monett — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1407 E. Bond — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Della — Middle: A. — Last: Howerton

4. DATE OF DEATH: Month: June — Day: 3 — Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: May 13, 1884

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months: 0, Days: 20 — IF UNDER 24 HRS.: Hours: , Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Near Butterfield Barry Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George Griggs

13b. MOTHER'S MAIDEN NAME: Martha Bradley

14. NAME OF HUSBAND OR WIFE: Oscar B. Howerton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Paul Howerton — Address: Monett Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Natural but unknown cause — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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): 7954

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 June 2, 1959, to ____ and last saw her alive on June 2, 1959. Death occurred at 4:40 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. J. Glass Jr. M.D. (Degree or title)

22b. ADDRESS: 315½ Broadway, Monett, Missouri

22c. DATE SIGNED: 6-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 5, 1959

23c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery

23d. LOCATION (City, town, or county) (State): Near Butterfield, Barry Co. Missouri

24. FUNERAL DIRECTOR ADDRESS: Mercer Funeral Home Monett, Mo.

25. DATE RECD. BY LOCAL REG.: 6-5-59

26. REGISTRAR'S SIGNATURE: Mrs. P.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

DATE REC. 6-2-59

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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Monett, 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.