

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018249

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrensburg		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center		Length of stay in lb 3 yrs	d. STREET (If outside, give location) ADDRESS 402 S. Holden St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edith Mamie Howard			4. DATE OF DEATH Month Day Year May 14 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1895	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY College Professor	11. BIRTHPLACE (City and state or country) Centralia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert Howard		13b. MOTHER'S MAIDEN NAME Margaret Mackey		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Goldena Arnold- Kansas City, 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) <u>Peritonitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ruptured diverticulum</u> DUE TO (c) <u>C. V. A.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>9 days</u> <u>5 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5721</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <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 <u>6 May 59</u> to <u>14 May 59</u> and last saw her alive on <u>14 May 59</u> . Death occurred at <u>11:50</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Med. Mason M.D.</u> (Degree or title)			22b. ADDRESS <u>Warrensburg Mo.</u>		22c. DATE SIGNED <u>18 May 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-16-1959	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
24. FUNERAL DIRECTOR Sweeney-Phillips- Warrensburg, Mo.			25. DATE RECD. BY LOCAL REG. May 18, 1959	26. REGISTRAR'S SIGNATURE Savannah Cuthfield	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 25 1959

VS OCT 25 1980

VS JUL 7 1980

VS JUL 14 1981

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 *J. Earl Priest* .....

Licensed Embalmer No. *3878* .....

P. O. Address *Warrensburg, 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.