

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028671

FILED VS. SEP 14 1959 / 8

Registration District No. _____ Primary Registration District No. 5440 Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twp.		c. CITY OR TOWN Owensville	
Length of stay in 1b 42 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		d. STREET ADDRESS Rural Route 2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH JANE HOWARD			4. DATE OF DEATH Month Day Year Sept. 2, 1959		
5. SEX female	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 9-22-82	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Centertown, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Bailey		13b. MOTHER'S MAIDEN NAME Margaret Lay		14. NAME OF HUSBAND OR WIFE S. E. Howard	
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. none		17. INFORMANT Address S. J. Howard Owensville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Chronic Myocardial Degeneration			3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			3 yrs.
DUE TO (c) Diabetes Mellitus			3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. 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 7 P.M. 1956 to 9-2-59 and last saw her alive on 9-2-59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Paula Bonard, M.D. (Degree or title)		22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 9-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-5-1959	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo.	

24. FUNERAL DIRECTOR ADDRESS Gottenstroeter F. Home Owensville, Mo.		25. DATE RECD. BY LOCAL REG. September 5, 1959	26. REGISTRAR'S SIGNATURE Mrs. Marjorie Appeneyer
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 24 1959

OCT 29 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilford H H Owens

Licensed Embalmer No. 383

P. O. Address OWENS

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.