

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031449

FILED VS SEP 28 1959 38

Registration District No. Primary Registration District No. 3006 Registrar's No. 447

STATE FILE NUMBER

DED

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Boone</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>  |  | Length of stay in 1b <b>14 days</b>   | c. CITY OR TOWN <b>Portageville</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>University of Missouri Medical Center</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <b>Milton</b> Middle _____ Last <b>Howard</b> |  |  | 4. DATE OF DEATH Month <b>Sept</b> Day <b>18</b> Year <b>1959</b> |  |  |  |
|---|--|--|---|--|--|--|

|                    |                               |  |                                 |   |  |
|--------------------|-------------------------------|--|---------------------------------|---|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>6-18-92</b> | 9. AGE (last birthday) <b>67</b> IF UNDER 1 YEAR IF UNDER 24 HR |  |
|--------------------|-------------------------------|--|---------------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Living in Missouri</b> | 11. BIRTHPLACE (City and state or country) <b>New Madrid Co Mo</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
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|--|---|---|
| 13a. FATHER'S NAME <b>Charles Howard</b> | 13b. MOTHER'S MAIDEN NAME <b>Arvilla LaGrande</b> | 14. NAME OF HUSBAND OR WIFE <b>NONE</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT <b>Hospital Record Columbia Mo</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: |   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Post-operative atelectasis &amp; pneumonia</b>                                 | DUE TO (b) <b>Bleeding duodenal ulcer in duodenum (recurrent)</b> | <b>7 days</b>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.            | DUE TO (c) <b>with arteriosclerotic blood vessels.</b>            |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary emphysema</b> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____ |
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|  |  |   |
|--|--|---|
| 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 **9-11-59** to **9-18-59** and last saw her/him alive on **9-18-59**  
 Death occurred at **10:00** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                                 |
|---|---|---------------------------------|
| 22a. SIGNATURE (Degree or title) <b>Earl J. Whittle Jr., M.D.</b> | 22b. ADDRESS <b>47 Mo. Medical Center</b> | 22c. DATE SIGNED <b>9-18-59</b> |
|---|---|---------------------------------|

|   |                            |   |  |
|---|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 23b. DATE <b>9/21/1959</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Portageville City</b> | 23d. LOCATION (City, town, or county) (State) <b>Portageville, Mo.</b> |
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| 24. FUNERAL DIRECTOR <b>Lyman Spunkle</b> ADDRESS <b>Columbia, Mo.</b> | 25. DATE RECD. BY LOCAL REG. <b>Sept 20 1959</b> | 26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4422

P. O. Address Columbus

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.