

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-037079

State File No.

FILED VS OCT 21 1959

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 1398 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Holland, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HOLLAND</u>	
c. LENGTH OF STAY (in this place) <u>52 yrs.</u>		d. STREET ADDRESS <u>0280</u> (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>Isadore</u> c. (Last) <u>Howren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22 1959</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Oct. 5, 1898</u>			9. AGE (In years, last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				12. CITIZEN OF WHAT COUNTRY? <u>9</u>	

13a. FATHER'S NAME <u>William Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jerry Byasee</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Hypertensive Vascular Disease</u> <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u> <u>unknown</u>	
11. 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		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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 9/22, 1959, to 9/26, 1959, that I last saw the deceased alive on 9/22, 1959, and that death occurred at 2A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>David E. Halcomb, M.P.</u> (Degree or title)		23b. ADDRESS <u>Steele, Mo.</u>		23c. DATE SIGNED <u>9/26/59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/25/59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Steele, Mo.</u>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county)	
DATE REC'D BY LOCAL REG. <u>10/10-59</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Blytheville Ark.</u>	

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

300
48

Dr.
Cecil
Holcomb.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed L. N. Howard

Signed.....
Student Embalmer

Licensed Embalmer No. 3959

P. O. Address Box 639

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

Blytheville, Ark.

If this body is not embalmed, fact should be so stated above.