

FILED VS DEC 7 1959

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>GRUNDY</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>TRENTON</b>		Length of stay in 1b		c. CITY OR TOWN <b>TRENTON</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>EAST CROWDER NURSING HOME</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1720 CHICAGO ST.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MATHIAS</b> Middle Last <b>HOWE</b>				4. DATE OF DEATH Month <b>DEC</b> Day <b>1</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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-4-1860</b>		9. AGE (last birthday) <b>99</b>	
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>GRUNDY CO. MO.</b>		11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>RAMSON HOWE</b>			13b. MOTHER'S MAIDEN NAME <b>REBECCA GARNER</b>			14. NAME OF HUSBAND OR WIFE <b>LOUISA HOWE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>MONT HOWE SPICKARD MO.</b>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Five min.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Decedent had undergone fracture of neck of femur and operated in K.C. Mo Nov 6-1959</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)						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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 1b.) <b>Fell on floor at home</b>					
20c. TIME OF INJURY Hour Month, Day, Year <b>Nov. 4 59</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Trenton Grundy, Mo.</b>			
20f. CITY, TOWN, OR LOCATION <b>Grundy, Mo.</b>		20g. COUNTY <b>Grundy</b>		20h. STATE <b>Mo</b>					
21. I attended the deceased from <b>Nov. 19</b> to <b>Dec 1-1959</b> and last saw him alive on <b>Nov. 28-1959</b>				Death occurred at <b>3:27 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>B. H. Claiborne M.D.</b>			22b. ADDRESS <b>Trenton, Mo</b>			22c. DATE SIGNED <b>12-2-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>DEC-3-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>NORTHEVANS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>GRUNDY CO. MO.</b>			
24. FUNERAL DIRECTOR <b>SCHOOLER FUNERAL HOME SPICKARD MO</b>			25. DATE RECD. BY LOCAL REG. <b>12-3-59</b>		26. REGISTRAR'S SIGNATURE <b>Irene Jain</b>				

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed *Cross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard Ma*

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.