

# JRI DIVISION-OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007047

FILED VS. MAR. 14 1960 171

Registration District No. \_\_\_\_\_ Primary Registration District No. 0639 Registrar's No. 9

STATE FILE NUMBER

INDEXED  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchannon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Odessa SRI Twp</u> OR TOWN <u>Nashington</u>			Length of stay in 1b <u>xxxxx</u>		c. CITY OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>HiWay 40 1/2 mi. E.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2810 Francis</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Laurence Dean Howard</u>				4. DATE OF DEATH Month Day Year <u>Feb. 27 1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-27-37</u>	9. AGE (last birthday) <u>22</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elec. Eng.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engineering</u>		11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Clifford Howard</u>			13b. MOTHER'S MAIDEN NAME <u>Roberta Kinnison</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXX</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>XXXXXXXX</u>		17. INFORMANT <u>Clifford Howard, St. Joseph, Mo.</u>		
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)			<u>Motor car collision. Crushing</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>injury to chest + abdomen Fr. lgt</u> DUE TO (c) <u>humerus, died in hospital</u>				
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 18.) <u>the motor car collided with a truck</u>					
20c. TIME OF INJURY Hour s.m. p.m. <u>4 2-27-60</u>							
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.) <u>HiWay 40 1/2 mi. E. Odessa Lafayette Mo</u>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>after death</u> to <u>4P</u> and last saw him <u>never</u> on <u>never</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. Martin M. Corones</u>				22b. ADDRESS <u>Odessa Mo</u>		22c. DATE SIGNED <u>2-27-60</u>	
23a. SURVIVOR, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>3-1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
24. FUNERAL DIRECTOR <u>Heaton-Bowman St. Joseph, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-27-1960</u>		26. REGISTRAR'S SIGNATURE <u>Ernest Davidson</u>	

APR 1 1960

APR 17 1960

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 Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Odessa

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.