

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011533

FILED VS APR 5 1960

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 66

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jasper</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>rural - Mineral twnshp</b>		Length of stay in 1b <b>3 wks</b>		c. CITY OR TOWN <b>Carthage</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rte 1 Box 378 Joplin</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route 1 Box 378</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>MATTIE</b> Middle <b>HOWERTON</b> Last <b>HOWERTON</b>				4. DATE OF DEATH Month <b>March</b> Day <b>31</b> Year <b>1960</b>									
5. SEX <b>female</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>3-18-74</b>		9. AGE (last birthday) <b>86</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>domestic</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Green Forest, Ark</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Harmon O. Chaffin</b>				13b. MOTHER'S MAIDEN NAME <b>Hulda Baise</b>				14. NAME OF HUSBAND OR WIFE <b>Robert H. Howerton</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>none</b>		17. INFORMANT Address <b>Joplin, Mo</b> <b>Mrs. Fred Howerton, Rte 1 Box 378</b>							
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>Cardiac failure</b> DUE TO (b) <b>arterio sclerotic heart disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Thrombosis of Left femoral artery</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			
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. _____, p.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 <b>3-29-60</b> to <b>3-31-60</b> and last saw her/him alive on <b>3-30-60</b> Death occurred at <b>6:00 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Med S. Witzel Jr.</i> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>1515 Hazel Ave Carthage Clinic, Carthage, Mo</b>				22c. DATE SIGNED <b>4-1-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>4-1-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Gobbler Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Carroll County, Ark.</b>							
24. FUNERAL DIRECTOR <b>KNELL MORTUARY Carthage, Mo</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-1-60</b>		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>					

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 Gene C. Doughty

Licensed Embalmer No. 473

P. O. Address Carthage,

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.