

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015413

FILED VS MAY 16 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2399

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 25 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 915 East 48th Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Gordon Middle Horton Last Howell				4. DATE OF DEATH Month April Day 26 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married		8. DATE OF BIRTH 2/20/1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Man Kansas City		10b. KIND OF BUSINESS OR INDUSTRY Star		11. BIRTHPLACE (City and state or country) Raleigh North Carolina		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Archibald A. Howell			13b. MOTHER'S MAIDEN NAME Nancy Jones		14. NAME OF HUSBAND OR WIFE Lavina Howe ll			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give with dates of service)		16. SOCIAL SECURITY NO. 487-03-7820		17. INFORMANT Kansas City Missouri Mrs. Lavina Howell 915 East 48th Street				
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 5 1/2 years hours		
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis								
DUE TO (c) Generalized Arteriosclerosis								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterial Hypertension					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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 10-10 1956 , to 4/26/1960 and last saw her alive on 4/26/1960 Death occurred at 9:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Carl K. Ferris (Degree or title) MD				22b. ADDRESS 535 Dequle Bldg Kansas City MO		22c. DATE SIGNED 4-27-60		
23a. BURIAL, CREMATION, OR OTHER (Specify) Burial		23b. DATE 4/29/1960	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		23d. LOCATION (City, town, or county) (State) Clinton Missouri			
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri				25. DATE RECD. BY LOCAL REG. 4-29-60		26. REGISTRAR'S SIGNATURE Neva Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF: **Carl K. Ferris**

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 Alfred H. Savage

Licensed Embalmer No. 4812

P. O. Address Hanson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.