

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022129

FILED VS JUN 2 1960

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Warren									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		Length of stay in 1b 7 months		c. CITY OR TOWN Warrenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 W. Main			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route #2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Harry Middle H. Last Howell				4. DATE OF DEATH Month May Day 22 , Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-10-1875		9. AGE (last birthday) 84		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) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Robert Howell				13b. MOTHER'S MAIDEN NAME Ruth Baker				14. NAME OF HUSBAND OR WIFE Ida King					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American				16. SOCIAL SECURITY NO. 493-42-5254		17. INFORMANT Address Mrs. Harry Howell, Warrenton, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac Asthma										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"/>		20a. 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 11-12-52 to 5-22-60 and last saw ^{her} him alive on 5-22-60 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Alvord N. Macrae D.O.				22b. ADDRESS Warrenton Mo.				22c. DATE SIGNED 5-23-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-25-60		23c. NAME OF CEMETERY OR CREMATORIUM Central Grove Church		23d. LOCATION (City, town, or county) (State) Warren County, Mo.							
24. FUNERAL DIRECTOR ADDRESS F.W.Nieburg & Co., Warrenton, Mo.				25. DATE RECD. BY LOCAL REG. MAY 24, 1960		26. REGISTRAR'S SIGNATURE Floyd Rogan							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 2 1960 NNC SA

JUL 29 1960

STATEMENT BY LICENSED EMBALMER

JUN 6 1960

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

John F. Lieberg

Licensed Embalmer No. 3897

P. O. Address Warrenton,

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.