RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-038919
STATE FILE NUMBER

ILED VS NOV 9 1960 181 Registration District No. _____ Primary Registration District No. 4294 Registrar's No. 28

DED

1. PLACE OF DEATH
a. COUNTY Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Silex
Length of stay in 1b: 1 yr.

c. CITY OR TOWN Silex
Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Castlewood Nursing Home
Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) None
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Lloyd Middle: Guy Last: Howdeshell

4. DATE OF DEATH Month: October Day: 9 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/25/91

9. AGE (last birthday): 68

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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming

11. BIRTHPLACE (City and state or country): Annada, Missouri.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Levi Howdeshell

13b. MOTHER'S MAIDEN NAME: Ada Barnes

14. NAME OF HUSBAND OR WIFE: Josephine Kientzy Howdeshell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Josephine K. Hawdeshell, Address 717 Spring, Alton, Ill/

MEDICAL CERTIFICATION

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)	HEPATIC COMA	12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CIRRHOSIS OF LIVER	2 YRS
DUE TO (c)	ALCOHOLISM	UNK.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 2-15-60, to 10/9/60 and last saw him alive on 10/9/60

Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis P Hedges (Degree or title) M.D.

22b. ADDRESS Troy, Missouri.

22c. DATE SIGNED 10/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/12/60

23c. NAME OF CEMETERY OR CREMATORY: St Alphonsus Cem.

23d. LOCATION (City, town, or county) (State): Lincoln Co. Missouri.

24. FUNERAL DIRECTOR ADDRESS: Kemper-Marsh Funeral Home, Troy, Mo.

25. DATE RECD. BY LOCAL REG.: 10/13/1960

26. REGISTRAR'S SIGNATURE: Mrs. Clarence Kientzy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS MAY 2 4 1961

VS NOV 9 1960

STATEMENT BY LICENSED EMBALMER

' 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 personai supervision.

Student_____
Signatur of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O Address Troy, Missour

Note· The above MUST BE SIGNED BY THE 'ICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of 'icense).

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.