

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

-60-040728

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 246

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| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | c. CITY OR TOWN Charleston | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp. | | d. STREET ADDRESS (If outside, give location) Route 1 | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Brenda Middle Howard Last Howard | | | 4. DATE OF DEATH Month October Day 13 Year 1960 | | |
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|----------------------|------------------------------|--|--|------------------------|---|-------------------------------|
| 5. SEX Female | 6. COLOR OR RACE Col. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 14, 1960 | 9. AGE (last birthday) | IF UNDER 1 YEAR Months 1 Days | IF UNDER 24 HR. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Charleston, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME ----- | 13b. MOTHER'S MAIDEN NAME Dottie Mae Howard | 14. NAME OF HUSBAND OR WIFE ----- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT Dottie Mae Howard, R.1, Box 38, Charleston Mo. Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lack of nutrients & dehydration | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |
| 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 |

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| 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.) |
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| 20c. TIME OF INJURY Hour 7:25 a.m. / Month, Day, Year 12 Oct 60 | 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21. I attended the deceased from 12 Oct 60 to 17 Oct 60 and last saw her 12 Oct 60 alive on 12 Oct 60 Death occurred at 7:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE [Signature] (Degree or title) | 22b. ADDRESS Charleston, Mo. | 22c. DATE SIGNED 10/16/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 14, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 23d. LOCATION (City, town, or county) Charleston, Mo. (State) |
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| 24. FUNERAL DIRECTOR L. R. Sparks ADDRESS Charleston, Mo. | 25. DATE RECD. BY LOCAL REG. 10-19-60 | 26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter |
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

This body was not embalmed.
Signed Oliver W. Johnson

Licensed Embalmer No. 419
P. O. Address Charles

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