URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047188

STATE FILE NUMBER

LED VS DEC 23 1960

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY St. Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Length of stay in 1b: 1 week	c. CITY OR TOWN Defiance — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) R.R. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Katie	Middle: Bridget	Last: Howell	4. DATE OF DEATH	Month: Dec.	Day: 12 Year: 1960
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 10/5/1870	9. AGE (last birthday): 90	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): House Work	10b. KIND OF BUSINESS OR INDUSTRY: Home Duties	11. BIRTHPLACE (City and state or country): Carrolton, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.			
13a. FATHER'S NAME: Malachi Cass	13b. MOTHER'S MAIDEN NAME: Sarah Brown	14. NAME OF HUSBAND OR WIFE: Thomas W. Howell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Noah Howell	Address: 4938 Fyler, St. Louis, Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary Thrombosis

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: Immediate

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a): Fracture Right Hip on 12/5/60

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.) Fell at home

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 12/5/60

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.): Home

20f. CITY, TOWN, OR LOCATION: Defiance — COUNTY: St. Charles County — STATE: Mo

21. I attended the deceased from 12/5/60, to 12/12/60 and last saw her/him alive on 12/12/60

Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: 206 Washington St. Charles Mo	22c. DATE SIGNED: 12/15/40	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-15-60	23c. NAME OF CEMETERY OR CREMATORY: Linn Cemetery	23d. LOCATION (City, town, or county) (State): Wentzville, Mo.
24. FUNERAL DIRECTOR: T. J. Pitman	ADDRESS: Wentzville, Mo	25. DATE RECD. BY LOCAL REG.: 12/15/60	26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 23 1960

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 Sexton J. Pilman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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