# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000205

STATE FILE NUMBER

FILED VS JAN 30 1961

AMENDED

Registrar's District No. 38 Primary Registration District No. 3006 Registrar's No. 57

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in Ib: 8 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University of Missouri Medical Center — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Senath — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Route I — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Elbert Middle: L. Last: Howard
4. DATE OF DEATH: Month: 1 Day: 25 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-19-02
9. AGE (last birthday): 59
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): laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dunklin, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Howard
13b. MOTHER'S MAIDEN NAME: Poole
14. NAME OF HUSBAND OR WIFE: Carlette Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: University of Missouri Medical Records Address: Columbia Missouri

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): Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: 1yR
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): Terminal Bronchopneumonia
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 1-17-61, to 1-25-61 and last saw ~~her~~ him alive on 1-25-61
Death occurred at 3:15 P.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Peter Ekern, M.D.
22b. ADDRESS: Univ. Hosp., Columbia
22c. DATE SIGNED: 1-25-61
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 1/26/61
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): SENATH, MISSOURI
24. FUNERAL DIRECTOR: PARKERS FUNERAL SERVICE ADDRESS: Columbia Missouri
25. DATE RECD. BY LOCAL REG.: Jan 26, 1961
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J W Phillips

Licensed Embalmer No. 4897

P. O. Address Columbia MO

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