

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000740

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

WRITE
STUB

FILED VS. *276* Primary Registration District No. *5322* Registrar's No. *1-1961*

100
1/59

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TYPEWRITER RIBBON

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

1. PLACE OF DEATH a. COUNTY <i>Crawford</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Crawford</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Benton Twp.</i>		Length of stay in 1b <i>8 Years</i>	c. CITY OR TOWN <i>Leasburg</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Route # 1</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>David Arthur Howard</i>			4. DATE OF DEATH Month Day Year <i>Jan. 2 1961</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>April 4 1886</i>	9. AGE (last birthday) <i>74</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and state or country) <i>Blond, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Jarvis Howard</i>		13b. MOTHER'S MAIDEN NAME <i>Mary UNKNOWN</i>		14. NAME OF DECEASED WIFE <i>Edith Albertson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>N/A</i>	17. INFORMANT <i>Mrs Edith Howard - Leasburg, Mo</i>		
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) <i>Heart Failure</i>					<i>5 Secs</i>
DUE TO (b) <i>Myocardial Infarction</i>					<i>seconds</i>
DUE TO (c) <i>Arterio sclerotic Ht. Disease</i>					<i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <i>Past Hist. of Myocardial Infarction</i>					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"/>	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 _____, to _____ and last saw her/him alive on <i>1st day of Dec 60</i> Death occurred at <i>2:30</i> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>London W. Ruff MD</i>			22b. ADDRESS <i>Leasburg MO</i>		22c. DATE SIGNED <i>1-3-1961</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-5-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>OAK Forest</i>		23d. LOCATION (City, town, or county) (State) <i>St. James, Mo.</i>	
24. FUNERAL DIRECTOR <i>Norman R. Noener</i>		ADDRESS <i>Queda Mo</i>	25. DATE RECD. BY LOCAL REG. <i>1-5-1961</i>	26. REGISTRAR'S SIGNATURE <i>Paul C. Franklin</i>	

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

Herbert A. Haener

Licensed Embalmer No. 4673

P. O. Address Cuba, MO

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.