

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006211

FILED VS MAR 1 1961 310

Registration District No. \_\_\_\_\_ Primary Registration District No. 3058 Registrar's No. 46

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Warren</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles, Mo.</b>		Length of stay in 1b <b>1 Day</b>		c. CITY OR TOWN <b>Wright City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>None</b>	
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>L.</b> Last <b>Howard</b>				4. DATE OF DEATH Month <b>February</b> Day <b>24</b> Year <b>1961</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11/21/1878</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Weldon Spring</b>		9. AGE (last birthday) <b>82</b>		11. BIRTHPLACE (City and state or country) <b>Marthasville, Mo.</b>	
13a. FATHER'S NAME <b>Thomas Howard</b>				13b. MOTHER'S MAIDEN NAME <b>Caroline Farris</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>				16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Mr. Allen Lee Howard, 6522 Perry Ct.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Burns, toxicity, and shock</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 hr</b>	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Victim was filling lighter fluid into</b>			
20c. TIME OF INJURY <b>5:15 p.m.</b>		Month, Day, Year <b>Feb. 23, 61</b>		<b>lighter - got some on clothing; lit a cigarette and fluid ignited causing 3rd degree burns</b>			
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.) <b>home in bedroom</b>		20f. CITY, TOWN, OR LOCATION <b>Wright City, Warren, Missouri</b>		COUNTY STATE	
21. I attended the deceased from <b>Did not hold inquest</b> and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <b>1:15 A.</b> _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <i>Thomas R. Anagnostis, Coroner</i>				22b. ADDRESS <i>12 Cunningham Ct. St. Charles, Mo.</i>		22c. DATE SIGNED <i>2/24/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Feb 27, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>		23d. LOCATION (City, town, or county) (State) <b>Wright City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Nieburg Funeral Home, Wright City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Feb 24, 1961</b>		26. REGISTRAR'S SIGNATURE <i>Marcella Wilson</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 Robert M. Murray

Licensed Embalmer No. 3749  
P. O. Address St. Louis, 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.