

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009740

AMENDED

Registration District No. 207 Primary Registration District No. \_\_\_\_\_ Registrar's No. 13

STATE FILE NUMBER

**FILED APR 5 1961**

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jackson Twp.</b>		Length of stay in 1b <b>10yrs.</b>	c. CITY OR TOWN <b>Vienna, Mo.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Geo McDaniel Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Star Route</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>none</b> Last <b>Howard</b>			4. DATE OF DEATH Month <b>March</b> Day <b>26</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>5/15/1880</b>	9. AGE (last birthday) <b>80</b> Months <b>10</b> Days <b>11</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Railroad Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Amos Howard</b>		13b. MOTHER'S MAIDEN NAME <b>Phine Videnball</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Howard</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs Maude McDaniel, Vienna, Mo.</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>arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-2 yrs?</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 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 **3-6-61** to **3-10-61** and last saw <sup>her</sup>him alive on **3-10-61**.  
Death occurred at **7:45 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>E. L. Loyd, M.D.</b>	22b. ADDRESS <b>Jeff. City, Mo.</b>	22c. DATE SIGNED <b>3-28-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/29/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>
23d. LOCATION (City, town, or county) <b>Bella, Mo.</b>		(State)

24. FUNERAL DIRECTOR <b>W. C. Cunningham</b>	ADDRESS <b>Vienna, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>March 28-61</b>	26. REGISTRAR'S SIGNATURE <b>Wozell Hutchison</b>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**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 Mc Birmingham

Licensed Embalmer No. 3664

P. O. Address Trinity

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.