

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016299

STATE FILE NUMBER

AMENDED

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 8

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED MAY 4 1961**  
PLACE OF DEATH

1. a. COUNTY Worth County  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City Length of stay in 1b 30 years  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 208 West 4 St. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Worth  
c. CITY OR TOWN Grant City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 208 West 4 St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Rachel Ann Howard  
4. DATE OF DEATH Month Day Year April 20 1961

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH June 3-1877 9. AGE (last birthday) 83  
IF UNDER 1 YEAR Months 10 Days 17 IF UNDER 24 HR Hours 17 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 house work 11. BIRTHPLACE (City and state or country) Gentry County 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Ross 13b. MOTHER'S MAIDEN NAME Elzia Highnote 14. NAME OF HUSBAND OR WIFE Jim Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Grant Howard Grant City Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) MEDULLARY FAILURE  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTATIC (BRAIN) CARCINOMA  
DUE TO (c) PRIMARY CARCINOMA OF STOMACH  
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.  
 Yes  No  Unknown

INTERVAL BETWEEN ONSET AND DEATH 4 HOURS  
6 Mo +  
3 YEARS

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 1953 to Apr 20, 1961 and last saw her him alive on Apr 20, 1961  
Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard J. Swift MD 22b. ADDRESS GRANT CITY MO 22c. DATE SIGNED 4-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE April-23-1961 23c. NAME OF CEMETERY OR CREMATORY Kidwell Cemetery 23d. LOCATION (City, town, or county) (State) Martinsville Missouri

24. FUNERAL DIRECTOR ADDRESS John Andrews Grant City Missouri 25. DATE RECD. BY LOCAL REG. April 27 1961 26. REGISTRAR'S SIGNATURE Leta E. Dawson

**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 John Andrews, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Andrews  
Licensed Embalmer No. 4211

P. O. Address Grant City 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.