

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024396

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 5.8 Primary Registration District No. 5210 Registrar's No. 14

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED AUG 4 1961**

1. PLACE OF DEATH  
 a. COUNTY CARTER  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN PIKE TWP Length of stay in lb 1 yr.  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MO b. COUNTY CARTER  
 c. CITY OR TOWN VAN BUREN Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) Rt. 1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
George Franklin Howard July 28 1961

5. SEX MALE 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-26-05 9. AGE (last birthday) 55 IF UNDER 1 YEAR Months 7 Days 2 IF UNDER 24 HR Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Gen Sales 11. BIRTHPLACE (City and state or country) Sulphur, Okla 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James N. Howard 13b. MOTHER'S MAIDEN NAME Hannah M. Moore 14. NAME OF HUSBAND OR WIFE Anna Elizabeth

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. 17. INFORMANT Address Anna E. Howard Van Buren Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute Circulatory Failure  
 DUE TO (b) Carcinoma of Small Intestine  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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

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 7-28-1961 to 7-28-61 and last saw him <sup>her</sup> alive on 7-28-1961  
 Death occurred at 5:23 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank J. McKinstry DO 22b. ADDRESS Van Buren Mo 22c. DATE SIGNED 7-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 7-31-1961 23c. NAME OF CEMETERY OR CREMATORY VAN BUREN CEMETERY 23d. LOCATION (City, town, or county) (State) VAN BUREN MO

24. FUNERAL DIRECTOR McSpadden ADDRESS VAN BUREN MO 25. DATE RECD. BY LOCAL REG. Aug 2-61 26. REGISTRAR'S SIGNATURE Mrs Octa Henson

**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 Allen C. McPherson

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.