

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031522
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3073 Registrar's No. 1520

AMENDED FILED AUG 21 1961

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in lb 2 Months	c. CITY OR TOWN Blackburn Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 M SE Blackburn, Mo Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CARL HENRY HOWARD			4. DATE OF DEATH Month Day Year August 16, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-6-1917
9. AGE (last birthday) 44		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory		10b. KIND OF BUSINESS OR INDUSTRY International Shoe Hickory, Mo.	11. BIRTHPLACE (City and state or country) Mo. USA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert Howard	
13b. MOTHER'S MAIDEN NAME Alice McCain Howard		14. NAME OF HUSBAND OR WIFE Dorothy 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. X	17. INFORMANT Mrs. Dorothy Howard Blackburn Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Adeno Carc. Duodenum & Stomach DUE TO (b) 4 mo. DUE TO (c) 4 mo.			INTERVAL BETWEEN ONSET AND DEATH
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 Summer 1959 to Aug 16, 1961 and last saw her ^{him} alive on Aug 16, 1961 Death occurred at 1:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. J. Knipscheld M.D.		22b. ADDRESS Marshall, Missouri	22c. DATE SIGNED Aug 17, 1961 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-18-1961	23c. NAME OF CEMETERY OR CREMATORY Niangua Cemetery	23d. LOCATION (City, town, or county) Hickory, Co. Mo.
24. FUNERAL DIRECTOR Jack W. Reser	ADDRESS Marshall, Mo.	25. DATE RECD. BY LOCAL REG. 8-17-'61	26. REGISTRAR'S SIGNATURE Carroll G. Reed

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 30 1961

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 Jack W. Reser
Licensed Embalmer No. 4643

P. O. Address Marshall

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.