

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032684
STATE FILE NUMBER

AMENDED Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 126

FILED SEP 25 1961

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bakersfield</u>	Length of stay in 1b <u>65 years</u>	c. CITY OR TOWN <u>Bakersfield</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Geneva</u> Middle <u>Elizabeth</u> Last <u>Howard</u>	4. DATE OF DEATH Month <u>August</u> Day <u>27</u> , Year <u>1961</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>wht.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-12-1896</u>	9. AGE (last birthday) <u>65 yrs.</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state of country) <u>Bakersfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Walter McAninch</u>	13b. MOTHER'S MAIDEN NAME <u>Judy Gorman McAninch</u>	14. NAME OF HUSBAND OR WIFE <u>Desford Howard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>yes</u>	17. INFORMANT <u>Desford Howard, Bakersfield, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>
IMMEDIATE CAUSE (a)	<u>Myocardial Infarction</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u>
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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 <u>Bakersfield, Mo.</u>	COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from 7-7-61 to 8-27-61 and last saw her him alive on 8-27-61
Death occurred at 4:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Daniel R. Arns M.D.</u>	(Degree or title)	22b. ADDRESS <u>Bakersfield, Mo.</u>	22c. DATE SIGNED <u>9-4-61</u>
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23a. BURIAL, CREMATION, REBURNAL (Specify) <u>B</u>	23b. DATE <u>8-30-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Free Union Cemetery</u>	23d. LOCATION (City, town, or county) <u>Leota, Mo.</u>
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24. FUNERAL DIRECTOR <u>Robertson's, West Plains, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-20-61</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
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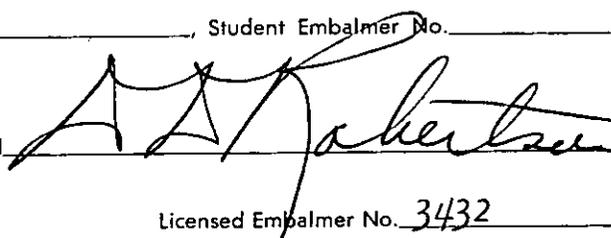
DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTANT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

SEP 27 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  _____

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.