

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044248

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1279 STATE FILE NUMBER

FILED DEC 26 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 4 years
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 S. Kimbrough Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 304 S. Kimbrough Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MARY Middle C. H. Last HOWARD
4. DATE OF DEATH Month December Day 18, Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH December 19, 1873 9. AGE (last birthday) 87 IF UNDER 1 YEAR Months 11 Days 29 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY In Home 11. BIRTHPLACE (City and state or country) Neosho, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Elac Hawkins 13b. MOTHER'S MAIDEN NAME Lucretia Grogg 14. NAME OF HUSBAND OR WIFE Fred Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Daniel Howard Address Springfield, 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) Cerebral Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Vascular Disease
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. 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 March 1960 to Dec 18, 1961 and last saw him alive on Dec 18, 1961
Death occurred at 1 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Callaway, MD 22b. ADDRESS Springfield, Mo 22c. DATE SIGNED 18 Dec 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 21, 1961 23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. 23d. LOCATION (City, town, or county) (State) Neosho, Missouri

24. FUNERAL DIRECTOR Gorman-Scharpf ADDRESS Springfield, Missouri 25. DATE RECD. BY LOCAL REG. 12-21-61 26. REGISTRAR'S SIGNATURE Effie S. Meelon

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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield

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.