

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

*Howard* - 61-045489  
STATE FILE NUMBER

Registration District No. 384 Primary Registration District No. 3099 Registrar's No. 126

AMENDED

FILED JAN 4 1962

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
Length of stay in 1b <u>10 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>617 Snow Street</u>		d. STREET ADDRESS (If outside, give location) <u>617 Snow Street</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM ALFRED HOWARD</u>			4. DATE OF DEATH Month Day Year <u>December 25, 1961</u>			
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>12/19/1976</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>farmer - mmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>coal mining</u>	11. BIRTHPLACE (City and state or country) <u>Macon County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Alfred Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Orpha Howard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Orpha Howard, Brookfield, Mo.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Colon &amp; Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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
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21. I attended the deceased from <u>Aug 9 1961</u> to <u>Dec 25 1961</u> and last saw her alive on <u>Dec 15 1961</u> Death occurred at <u>4:30</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>H. H. Potter Do.</u>	22b. ADDRESS <u>Brookfield Mo.</u>	22c. DATE SIGNED <u>12-26-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/29/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Farrest Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Canton, South Dakota</u>
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24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-27-1961</u>	26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**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 Ronald J. Wade

Licensed Embalmer No. 4172

P. O. Address Brownie

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.