

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002492  
STATE FILE NUMBER

AMENDED

Registration District No. 174 Primary Registration District No. 30 35 Registrar's No. 2  
**FILED JAN 9 1962**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Lavafette</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lexington</u>		c. CITY OR TOWN <u>Oak Grove, Mo.</u>		d. STREET ADDRESS <u>5 miles S. E.</u>	
e. STATE <u>Missouri</u>		f. COUNTY <u>Jackson</u>		g. INSIDE LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		h. RESIDE ON FARM Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Oltho</u>		Middle <u>(Unknown)</u>		Last <u>Howell</u>		Month Day Year <u>January 6 1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 2 1889</u>	9. AGE (last birthday) <u>72yrs</u>	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) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer owner</u>		11. BIRTHPLACE (City and state or country) <u>Moulter County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>	
13a. FATHER'S NAME <u>Shelby Howell</u>			13b. MOTHER'S MAIDEN NAME <u>Phema Knott</u>			14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>			16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Maurice Branum Oak Grove, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Bilateral Bronchial Pneumonia</u>						<u>7 days</u>	
DUE TO (b) <u>Cardio-renal Vascular disease</u>							
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	
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 s.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>12/17/61</u> to <u>1/6/62</u> and last saw him alive on <u>1/6/62</u> Death occurred at <u>1/6/62 at 12:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ben H Brasher MD</u>				22b. ADDRESS <u>Lexington Mo</u>		22c. DATE SIGNED <u>1/6/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-8-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Turner Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lovington, Ill</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Hopper-Royer Funefal Home Oak Grove, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1-6-62</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 8 1962

**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 *Kenneth Royer*

Licensed Embalmer No. 4591

P. O. Address Oak Grove, W

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.