MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005511
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 89

FILED FEB 19 1962

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U of Mo Medical Center — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Novella Middle KAY Last Howell
4. DATE OF DEATH: Month 2 Day 9 Year 1962
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-10-61
9. AGE (last birthday)
IF UNDER 1 YEAR: Months 61 Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Thayer Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Oseay F Howell
13b. MOTHER'S MAIDEN NAME Geraldine Dubbs
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Hospital Record, Address Columbia Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIO RESPIRATORY FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) TRANSPOSITION OF GREAT VESSELS — INTERVAL BETWEEN ONSET AND DEATH: 61 DAYS
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 3 FEB 1962, to 9 FEB 1962 and last saw her alive on 9 FEB 1962
Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George L. Baker (Degree or title) MD
22b. ADDRESS Missouri U. Medical Center Columbia Mo
22c. DATE SIGNED 9 FEB 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-10-62
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) West Plains, Missouri

24. FUNERAL DIRECTOR Parker Funeral Service ADDRESS Columbia Mo
25. DATE RECD. BY LOCAL REG. Feb 10 1962
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF. DOCUMENT

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 J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus 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.