

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029709

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 34

FILED JUL 18 1962

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>SCOTT</u> | | a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHAFFEE</u> | | Length of stay in lb <u>32 yrs.</u> | c. CITY OR TOWN <u>CHAFFEE</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>94 FRISCO ST.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>94 FRISCO ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|---------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT HENRY HOWELL</u> | | | 4. DATE OF DEATH Month Day Year <u>JULY 12 1962</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</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>1-19-1892</u> | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SAW MILL HARDING COUNTY ILL. U.S.A</u> | | 11. BIRTHPLACE (City and state or country) <u>ILL. U.S.A</u> | |
| 13a. FATHER'S NAME <u>PAUL HOWELL</u> | | 13b. MOTHER'S MAIDEN NAME <u>NANCY RICE</u> | | 14. NAME OF HUSBAND OR WIFE <u>HANNIE HOWELL</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | | 17. INFORMANT Address <u>23 Mrs. Annie Howell Chaffee 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>Acute Myocardial Infarction</u> | | <u>5 min</u> |
| DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | <u>5 yrs.</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 a.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 1957 to 12 July 62 and last saw him alive on 12 July 62
 Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge from the causes stated.

| | | | | |
|--|-----------------------------|---|---|---|
| 22a. SIGNATURE (Degree or title) <u>Rt. Jubilee MD</u> | | 22b. ADDRESS <u>Chaffee Mo</u> | | 22c. DATE SIGNED <u>12 July 62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>July 15-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK Cemetery CHAFFEE MO.</u> | | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR ADDRESS <u>STUBBS' FUNERAL HOME - CHAFFEE MO July 14-62</u> | | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE <u>Mrs. Fred B. Bipling Jr.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 1 1001
 2 1001
 3 2
 4 0
 5 1
 6
 7 1
 8 0
 9 94200
 10
 11
 12 1290-0
 13 131-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 19 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 Eugene L. Stubbins

Licensed Embalmer No. 5012

P. O. Address Chaffee, 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.