MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032554

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7644

FILED AUG 22 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA St. Louis City Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Wyoming — b. COUNTY: Platte County
c. CITY OR TOWN: Guernsey — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RICHARD — Middle LOUIS — Last HOWARD

4. DATE OF DEATH: Month August — Day 2 — Year 1962

5. SEX: male

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: July 2, 1938

9. AGE (last birthday): 24 — 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): student

10b. KIND OF BUSINESS OR INDUSTRY: St. Louis University medecine

11. BIRTHPLACE (City and state or country): Scottsbluff, Neb.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Richard L. Howard

13b. MOTHER'S MAIDEN NAME: Vatherine A. Crawford

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): no

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Arthur W. Crawford, Guernsey, Wyoming

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Carbon Monoxide poisoning, when found

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): in auto in rear of 1609 So. Grand on

DUE TO (c): August 2, 1962. While suffering temporary mental affiliation

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 973.1 suicide

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.) See above

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 8-2-62

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.): yard

20f. CITY, TOWN, OR LOCATION: St. Louis — COUNTY: Mo — STATE:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 12:35 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Helen L. Taylor, Coroner

22b. ADDRESS: 1300 Clark Ave.

22c. DATE SIGNED: 8-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 8-4-1962

23c. NAME OF CEMETERY OR CREMATORY: Wheatland, Cemetery

23d. LOCATION (City, town, or county) (State): Wheatland, Wyoming

24. FUNERAL DIRECTOR — ADDRESS: Kupton Chapel, Inc.-7233 Delmar Blv'd,

25. DATE RECD. BY LOCAL REG.: AUG 6 1962

26. REGISTRAR'S SIGNATURE: Hart Smith, M.D.

4139 Cleveland

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, 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.