

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035181

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 448

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Joplin</b>  |   | Length of stay in 1b<br><b>5 mos</b>  | c. CITY OR TOWN <b>Rural</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Greenwood Community</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |
| 3. NAME OF DECEASED<br>(Type or print) <b>HELEN L. HOWARD</b>   |   |   | 4. DATE OF DEATH<br>Month <b>September</b> Day <b>8</b> Year <b>1962</b>  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-21-1914</b>   |
| 9. AGE (last birthday)<br><b>47</b>   |   | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>   | IF UNDER 24 HR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Colesville, Virginia</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>John W. Kennedy</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Nannie Belle Baker</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Clair Howard</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>Clair Howard, Joplin, Missouri</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Malignant lymphoma</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 1/2 years</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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   |
| 21. I attended the deceased from <b>7/30/62</b> to <b>9/8/62</b> and last saw her/him alive on <b>9/8/62</b>  |   | Death occurred at <b>5:00 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                      |   |
| 22a. SIGNATURE<br><i>[Signature]</i>  |   | 22b. ADDRESS<br><b>Medical Arts Building<br/>Joplin, Missouri</b>   | 22c. DATE SIGNED<br><b>9/10/62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>9-11-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Osborne Memorial Cem</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Joplin, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Thornhill-Dillon Mortuary, Joplin, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>9-11-1962</b>  | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |

**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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.