

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-038519**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 175

**FILED OCT 17 1962**

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Howell</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>                        |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Bakersfield</u>  |  | Length of stay in 1b<br><u>mins.</u>  | c. CITY OR TOWN <u>Bakersfield</u><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 <u>Hiway Y Y</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>R.F.D.</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |
| 3. NAME OF DECEASED<br>(Type or print) <u>Iva Charlene Howard</u><br>First <u>Iva</u> Middle <u>Charlene</u> Last <u>Howard</u>  |  |   | 4. DATE OF DEATH<br><u>October 12, 1962</u><br>Month <u>October</u> Day <u>12</u> Year <u>1962</u>  |
| 5. SEX <u>female</u>   | 6. COLOR OR RACE <u>white</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-2-1930</u>   |
| 9. AGE (last birthday) <u>31 yrs</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR.<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>housewife</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Oark, Ark.</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |  | 13. FATHER'S NAME <u>Charlie F. Dewberry</u><br>13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Marlowe</u><br>14. NAME OF HUSBAND OR WIFE <u>Junior D. Howard</u>  |   |
| 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. <u>yes</u>  | 17. INFORMANT Address<br><u>Ernest Dewberry, Springdale, Ark.</u>   |
| 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) <u>Gunshot wound right side forehead</u>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>inst.</u>  |
| 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 checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>Gunshot wound inflicted by husband who is</u>            |   |
| 20c. TIME OF INJURY<br>Hour <u>7:30</u> p.m. Month, Day, Year <u>10-12-62</u>  | <u>mental patient.</u>   |   |   |
| 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.)<br><u>Bridge on Hiway Y Y</u> | 20f. CITY, TOWN, OR LOCATION<br><u>Bakersfield, Howell, Missouri</u>  | COUNTY <u>Howell</u> STATE <u>Missouri</u>  |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.<br>Death occurred at <u>7:30 p.m.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Frank Cook, Coroner</u>   |  | 22b. ADDRESS<br><u>West Plains, Missouri</u>  | 22c. DATE SIGNED<br><u>10-13-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   | 23b. DATE<br><u>10-16-1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oark Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Oark, Arkansas</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Robertson's, West Plains, Missouri</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>10-15-62</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Beatrice Cook</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

OCT 25 1962

OCT 17 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 *A. S. Ralston*

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.