

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043145

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 598 STATE FILE NUMBER

FILED DEC 4 1962

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb 25 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Joplin Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 430 N. Pearl Reside on Farm Yes No

3. NAME OF DECEASED First Vida Middle May Last Howell 4. DATE OF DEATH Month November Day 26 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-24-1882 9. AGE (last birthday) 80 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Wooster, Ohio 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Samuel Worst 13b. MOTHER'S MAIDEN NAME Unk 14. NAME OF HUSBAND OR WIFE Clifton Howell, decd 1937

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. Unk 17. INFORMANT Son- Address Glenn W. Howell, 430 N. Pearl Ave, Joplin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Right sided heart failure. INTERVAL BETWEEN ONSET AND DEATH 5 days
 DUE TO (b) Extensive pulmonary histoplasmosis 2-4 months.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 9-6-62 to 11-26-62 and last saw her alive on 11-26-62
 Death occurred at 7:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 2509 Jackson, Joplin, Mo. 22c. DATE SIGNED 11-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-28-1962 23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery, 23d. LOCATION (City, town, or county) (State) Webb City, Missouri

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI ADDRESS 11-29-1962 25. DATE RECD. BY LOCAL REG. 11-29-1962 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
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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

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 Harvey E. Arnee

Licensed Embalmer No. 4463

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.