MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043578
STATE FILE NUMBER

Registration District No. 201 Primary Registration District No. 3048 Registrar's No. 266

FILED NOV 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0745
2	3745
3	
4	0
5	1
6	
7	1
8	2
9	332X
10	
11	
12	2-0
13	1-0

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maryville — Length of stay in lb: 9 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 210 East Edwards — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Garcie Middle: Guy Last: Howell

4. DATE OF DEATH: Month: Nove,ber Day: 11 Year: 1962

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/25,1885
9. AGE (last birthday): 77 — 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): Clerical
10b. KIND OF BUSINESS OR INDUSTRY: Greenhouse
11. BIRTHPLACE (City and state or country): Red Oak Iowa
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: William H Howell
13b. MOTHER'S MAIDEN NAME: Martha Elizabeth(Unknown)
14. NAME OF HUSBAND OR WIFE: Bernice Howell

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: Mrs Bernice Howell Address: Maryville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro-Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24-36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteria sclerosis
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 1961, to Nov 11,62 and last saw her/him alive on Nov 11,1962
Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Maryville, Mo
22c. DATE SIGNED: 11/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/14/62
23c. NAME OF CEMETERY OR CREMATORY: Ohio Cemetery
23d. LOCATION (City, town, or county) (State): Burlington Junction, Mo

24. FUNERAL DIRECTOR: J. A. Hamm — ADDRESS: Burlington Jct Mo
25. DATE RECD. BY LOCAL REG.: 11-13-62
26. REGISTRAR'S SIGNATURE: Bernice Howell

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1962

JAN 3 1963

FEB 25 1963

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 2968

P. O. Address Burl Jct 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.