

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046966

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Filed JAN 7 1963 149

Registration District No. 1002 Registrar's No. 6465

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 6 weeks	c. CITY OR TOWN Parkville <small>2-5-5-11</small>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R.# 4 Box 811 <small>37</small>
3. NAME OF DECEASED (Type or print) First Harold Middle Archer Last Howe		4. DATE OF DEATH Month December Day 18 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-16-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY Anchor Sheet Met. Wks.	11. BIRTHPLACE (City and state or country) Ceaderdale, Okla.
13a. FATHER'S NAME Frederick Howe		14. NAME OF HUSBAND OR WIFE Mrs. Jennie Ann Howe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Mrs. Jennie A. Howe - R.R.#4 Box 814	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2-3 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelonephritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour _____ a.m. _____ p.m. 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 Nov. 8 to Dec. 18 - 62 and last saw her/him alive on Dec 17 - 62 Death occurred at Trinity Hosp & C. Mo. Dec 18 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. James L. Russell M.D.		22b. ADDRESS 409 East 63rd St. Kansas City, Mo	
22c. DATE SIGNED 12-19-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 12-20-1962	23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons - North Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 12-19-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300 Rev. 4/59	
1	
2	20 23 0
3	
4	0
5	1
6	
7	1
8	1
9	490X
10	
11	
12	68-0
13	

DOCUMENT

BY AFFIDAVIT OF James L. Russell MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Dr. [unclear]
4322 [unclear]
409 E 63rd

~~Dr. Earl Knox #1-D~~
~~4525 N Oak Gl-2-1282~~
or
~~Rialto Bldg Bar 1-1180~~

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 *John V. Heinrich*
Licensed Embalmer No. 4848

P. O. Address R. 6, 17, [unclear]

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.