

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049325
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 223

DO NOT WRITE ON THIS STUB

VS 300
 Rev. 4/59
 1 1085
 2 1085
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 4 0
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 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b Lifetime	c. CITY OR TOWN Nevada Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1103 N. Washington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Larkin Middle Calloway Last Howell			4. DATE OF DEATH Month December Day 13 Year 1962
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metalsmith		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 80 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR: Months _____ Days _____ Hours _____ Min. _____
11a. BIRTHPLACE (City and state or country) Vernon County, Missouri - USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Hamilton Howell		13b. MOTHER'S MAIDEN NAME Laura Frances Sears	14. NAME OF HUSBAND OR WIFE Emma Howell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Lloyd Simmons, 829 North Ash, Nevada Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis 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) Wid thigh amputation at 9/17/62			INTERVAL BETWEEN ONSET AND DEATH 3 yst
19. WAS AUTOPSY PERFORMED? 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 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 8/19/62 to 12/15/62 and last saw him alive on 12/15/62 Death occurred at 2:16 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Olga W. [Signature]</i>		22b. ADDRESS Nevada Mo	
22c. DATE SIGNED 12/15/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1962	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery
23d. LOCATION (City, town, or county) Nevada		23e. STATE Missouri	
24. FUNERAL DIRECTOR Ferry Funeral Home		25. DATE RECD. BY LOCAL REG. Dec 17 - 1962	
26. REGISTRAR'S SIGNATURE <i>Anna E. [Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 *L. Douglas Ferry*

Licensed Embalmer No. 4960

P. O. Address Nevada Missouri

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.