

S. No. 300 **MAY 26 1952**
 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16205**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **38**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) CLINTON	
c. LENGTH OF STAY (in this place) 4-DAYS		d. STREET ADDRESS (If rural, give location) 109 E. LINCOLN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) ANNA c. (Last) HOWELL			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1952		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 2, 1899		9. AGE (In years last birthday) 52		10. MONTHS 7		11. DAYS 16		12. HOURS 		13. MIN. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) ST. CHAIR COUNTY MO U.S.A.				12. CITIZEN OF WHAT COUNTRY 			
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13a. FATHER'S NAME SAMUEL B. SHORT			13b. MOTHER'S MAIDEN NAME MARY E. FERRELL			14. NAME OF HUSBAND OR WIFE Charles Howell		
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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. 514-09-8059		17. INFORMANT'S SIGNATURE OR NAME Chas. N. Howell ADDRESS Clinton, MO			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH Heart Month	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestive heart failure						10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (b) auricular fibrillation							
		DUE TO (c) lobar pneumonia, left							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4341						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **May 07, 1952**, to **May 18, 1952**, that I last saw the deceased alive on **May 16, 1952**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE S. B. Wigham (Degree or title) M.D.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 5/19/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 20, 52		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM.		24d. LOCATION (City, town, or county) (State) Clinton, MO.	
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DATE REC'D BY LOCAL REG. May-20-52		REGISTRAR'S SIGNATURE Florence A. Davis		25. FUNERAL DIRECTOR'S SIGNATURE H. A. Vansant ADDRESS Clinton, Mo.	
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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
Student Embalmer

Signed W. D. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.