

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 0001243 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

**FILED 27 64**

1. PLACE OF DEATH  
a. COUNTY Henry  
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton Length of stay in lb 10 days  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Henry  
c. CITY OR TOWN Deer Creek Twosp Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Clinton RFD 2 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ISAAC CELESTER HOWARD 4. DATE OF DEATH January 21, 1964

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2/1/84 9. AGE (last birthday) 79  
IF UNDER 1 YEAR: Months    Days    Hours    Min.     
IF UNDER 24 HR: Hours    Min.   

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Benton Co. Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Asa Howard 13b. MOTHER'S MAIDEN NAME Sarah Ellen Smith 14. NAME OF HUSBAND OR WIFE Maude Howard

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. none 17. INFORMANT Maude Howard, Clinton RFD 2, Mo. Address   

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days  
DUE TO (b) Cerebral vascular accident 1 wk.  
DUE TO (c) arterial Sclerosis Cerebri 2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chrom. yabti  
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 1959 to death and last saw her/him alive on 1-21-64  
Death occurred at 4:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. K. Wetzel 22b. ADDRESS Clinton, Mo 22c. DATE SIGNED 1-22-64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1/23/64 23c. NAME OF CEMETERY OR CREMATORY Englewood 23d. LOCATION (City, town, or county) (State) Clinton, Missouri

24. FUNERAL DIRECTOR Consalus Clinton, Mo ADDRESS    25. DATE RECD. BY LOCAL REG. JAN. 23, 1964 26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Call when ready 5-3421

Permit Obtained 1-23-64 (1965)

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 Eugene R. Conzales

Licensed Embalmer No. 4680

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.