

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0014645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 108 STATE FILE NUMBER

APPLIED 20 64

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Windsor</u>		c. CITY OR TOWN <u>Windsor</u>	
Length of stay in 1b <u>17 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		d. STREET ADDRESS (if outside, give location) <u>208 South Smith</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Clarence Fred Howard</u>			4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1964</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-5-1893</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Johnson County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William H. Howard</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Jarvis</u>	
14. NAME OF HUSBAND OR WIFE <u>Isabell Jones Howard</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>500-03-6428</u>	
17. INFORMANT <u>Mrs. Isabell Howard, Windsor, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardio Vascular Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Chronic Myocardial Damage</u>		<u>3 yrs.</u>	
DUE TO (c) <u>Devers Chronic Asthma</u>				<u>12 yrs.</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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 checked="" 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 6-28-53 to 4-9-64 and last saw him alive on 4-9-64
Death occurred at 11:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE (Degree or title) <u>Claude M. Shurber M.D.</u>		22b. ADDRESS <u>Windsor, Mo.</u>	22c. DATE SIGNED <u>4-13-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 12, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wausel Oak Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Windsor, Henry, Missouri</u>
24. FUNERAL DIRECTOR <u>Clifford Gouge, Windsor, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>April 14, 1964</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

RECEIVED

APR 22 1964

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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 _____
Signature of Student Embalmer

Signed Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.

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