

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0044363

Registration District No. 137 Primary Registration District No. 5517 Registrar's No. _____ STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0420
2 2420
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4 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

<p>I. PLACE OF DEATH</p> <p>a. COUNTY <u>Mo</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Tebb Twn.</u> Length of stay in 1b <u>13 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. Route #2, Calhoun</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Calhoun</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>R. Route #2, Calhoun, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>					
<p>3. NAME OF DECEASED First Middle Last <u>MAYE BUSH HOWARD</u></p>		<p>4. DATE OF DEATH Month Day Year <u>Nov. 21, 1964</u></p>					
<p>5. SEX <u>F</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>9/17/1900</u></p>	<p>9. AGE (last birthday) <u>64</u></p>	<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR. Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>home</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Lewis Station, Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>John Bush</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>Mary Jane Sheridan</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Elmer Howard</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of service)] <u>No</u></p>			<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT Address <u>Elmer Howard, Calhoun, Mo.</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY</p> <p style="text-align: center;">IMMEDIATE CAUSE</p> <p><u>Acute Cardiac Arrest</u> <u>Acute Coronary Thrombosis</u> <u>Coronary Artery Disease</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p><u>Chronic Bronchitis</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a)</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <u>Nil</u> <u>3-4 yrs.</u></p>							
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>					
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>		<p>STATE</p>	
<p>21. I attended the deceased from <u>1-30-57</u> to <u>10-28-59</u> and last saw her <u>alive</u> on <u>10-28-59</u></p> <p>Death occurred at <u>9:10 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE (Name or title) <u>Claude M. Huber, M.D.</u></p>			<p>22b. ADDRESS <u>Windsor, Mo.</u></p>		<p>22c. DATE SIGNED <u>11/24/64</u></p>		
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>Nov. 24, 1964</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) <u>Windsor, Mo.</u> (State)</p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>Huston Funeral Home, Windsor, Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>Nov 26, 1964</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>		

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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

E. W. Houston

Licensed Embalmer No. 3391

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.