

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

State File No. **33457**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 317	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 1 hr		c. CITY OR TOWN California		d. STREET ADDRESS 9081	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hosp.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Golden b. (Middle) Lee c. (Last) Howard			4. DATE OF DEATH (Month) (Day) (Year) Nov 2 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 20 - 1910	
9. AGE (In years last birthday) 46		10. MONTHS 0		11. DAYS 12		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) California Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Howard		13b. MOTHER'S MAIDEN NAME Bessie Simmons		14. NAME OF HUSBAND OR WIFE Dorothy Mildred Howard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Dorothy Howard ADDRESS California Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary atherosclerosis DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 hr ?							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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? 11/2/56			
22. I hereby certify that I attended the deceased from 10 AM, 11/2, 1956 , to 11:10 PM, 11/2, 1956 , that I last saw the deceased alive on 11/2, 1956 , and that death occurred at 11:10 PM , from the causes and on the date stated above.							
23a. SIGNATURE J. M. [Signature]		(Degree or title)		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 11/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-4-1956		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) California Mo.	
DATE REC'D BY LOCAL REG. 20 Nov. 1956		REGISTRAR'S SIGNATURE R. L. Dorrin MD-MR.		25. FUNERAL DIRECTOR'S SIGNATURE L. E. Williams		ADDRESS California Mo.	

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1937

NOV 26 1937

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.....

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.