

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25454

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 4332 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>			
b. CITY OR TOWN <u>LUPUS MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>LUPUS MO</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>Lupus Mo</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Lupus Mo</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Middle Last <u>ALICE JEANNE HOWE</u>					
4. DATE OF DEATH <u>July 10-1957</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>Nov. 23-1878</u>		9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		13. FATHER'S NAME <u>NATHANIEL MURFELL</u>		14. MOTHER'S MAIDEN NAME <u>ROYCE BROWN TOMPSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Herbert J. Howe, Jamestown, 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>Institutional Debilitation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Gastric Carcinoma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <u>2 Yrs.</u>	
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 Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>7-13-55</u> to <u>7-10-57</u> and last saw her alive on <u>6-15-57</u> Death occurred at, <u>4:00 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>A. Young, D.O.</u>				22b. ADDRESS <u>Jamestown, Mo</u>		22c. DATE SIGNED <u>7-11-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-12-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HICKAM CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>LUPUS MO</u>	
24. FUNERAL DIRECTOR <u>C. ABBEY THORNBACK</u>				25. DATE RECD. BY LOCAL REG. <u>7-13-57</u>		26. REGISTRAR'S SIGNATURE <u>Helena Popjoy</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1958

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 *G. Albert Hornbecks*

Licensed Embalmer No. *270*

P. O. Address *Pravni*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.