

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other causes must be stated. AT

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5584

FILED FEB 18 1957

STATE FILE NUMBER

Registration District No. 221 Primary Registration District No. 4332 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) 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 lb <u>51</u>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM FREDRICH</u> Middle <u>HOWE</u> Last <u>HOWE</u>				4. DATE OF DEATH Month <u>JAN.</u> Day <u>14</u> Year <u>1957</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 16 - 1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD EMPLOYEE</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>JAMES HOWE</u>				14. MOTHER'S MAIDEN NAME <u>LUCINDA KRISER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-14 4978</u>		17. INFORMANT Address <u>Robert 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>Asphyxia</u> <u>Pulmonary Edema</u> <u>Lobar Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 days.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Prostatic Hypertrophy</u>						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.) <u>490x</u>					
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			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>1-6-57</u> to <u>1-14-57</u> and last saw <u>him</u> alive on <u>1-14-57</u> Death occurred at <u>9:00</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>D. Young, M.D.</u> (Degree or title)				22b. ADDRESS <u>Jamestown, Mo</u>		22c. DATE SIGNED <u>1-16-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan 16 - 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickam Cem</u>		23d. LOCATION (City, town, or county) (State) <u>near Lupus, Mo</u>				
24. FUNERAL DIRECTOR <u>C. ALBERT HORNBECK</u> <u>PRATIE HOME</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2/10/57</u>		26. REGISTRAR'S SIGNATURE <u>H. A. Pappas</u>		

Embalmer's Statement on Reverse Side

FEB 19 1951

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 *C. Albert Hornbeck*

Licensed Embalmer No. *27*

P. O. Address *Prarie*

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.