

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041789

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 224 Registrar's No. 101

FILED NOV 28 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Moniteau</u>                    |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>California, Mo-Walker</u> Length of stay in 1b <u>10 Days</u>  |   | c. CITY OR TOWN <u>California, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                     |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Latham Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location) <u>Rt # 4</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Hutchen</u> Middle <u>Burten</u> Last <u>Howe</u>  |   |   | 4. DATE OF DEATH<br>Month <u>Nov</u> Day <u>25</u> Year <u>1961</u>  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/24/85</u>  |
| 9. AGE (last birthday) <u>76</u>   |   | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u>  | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmor</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>   | 11. BIRTHPLACE (City and state or country) <u>Missouri</u>   |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |   | 13a. FATHER'S NAME <u>William Howe</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Martha Ann Howe</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Lacy Mary Howe</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>None</u>   |  |
| 17. INFORMANT <u>Lacy Mary Howe-California, Mo</u>   |   | Address <u>  </u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardio-vascular disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u><br>DUE TO (c) <u>  </u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 1/2 yrs</u><br><u>10 yrs</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>  </u>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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>  </u>  |  |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <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.) <u>  </u>   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>  </u>   |  |
| 21. I attended the deceased from <u>Nov 7 1961</u> to <u>Nov 25 1961</u> and last saw <sup>him</sup> alive on <u>Nov 25 1961</u><br>Death occurred at <u>11/30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title) <u>Edgar A. Kobby M.D.</u>  |   | 22b. ADDRESS <u>California Mo</u>   |  |
| 22c. DATE SIGNED <u>11/27/61</u>   |   | 23. NAME OF CEMETERY OR CREMATORY <u>Old Salem Cemetery</u>   |  |
| 23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>   |   | 23b. DATE <u>11/27/61</u>   |  |
| 23c. LOCATION (City, town, or county) (State) <u>Rural-California Mo</u>   |   | 24. FUNERAL DIRECTOR <u>Bowlin Funeral Home-California, Mo</u>  |  |
| 24. ADDRESS <u>  </u>  |   | 25. DATE RECD. BY LOCAL REG. <u>11/28/61</u>  |  |
| 26. REGISTRAR'S SIGNATURE <u>Hustard W. M. D.</u>  |   |   |  |

**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 John R. Bowler

Licensed Embalmer No. 5150

P. O. Address California, Ms

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.