

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24155

State File No. ....

FILED JUL 26 1949

BIRTH NO. ....		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>37</u>	
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, write RURAL and give township) <u>California Mo.</u>		c. LENGTH OF STAY (In this place) <u>4 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jamestown Mo.</u>		<u>68</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u>		b. (Middle) <u>May</u>		c. (Last) <u>Howard</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>4</u> (Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 10 1886</u>	
9. AGE (In years, last birthday) <u>62</u>		10. AGE (In years, last birthday) <u>8</u>		11. AGE (In years, last birthday) <u>24</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wm C. Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Pennington</u>		14. NAME OF HUSBAND OR WIFE <u>Van Howard</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Forest Harris</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				5810	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 8, 1948</u> , to <u>July 4, 1949</u> , that I last saw the deceased alive on <u>July 4, 1949</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry Latham</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>7-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Baptist Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jamestown Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-7-49</u>		REGISTRAR'S SIGNATURE <u>H. R. Poberoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>		ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1949  
AUG 4

RECEIVED 7-12-49  
District Health Officer No. 9,  
District File Number.....

### 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. 3537

P. O. Address. California M

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