

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1655

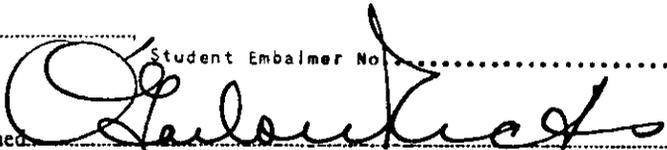
BIRTH NO.		REG. DIST. NO. 181	PRIMARY REG. DIST. NO. 4293	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY LINCOLN		
b. CITY OR TOWN ELSBERRY	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ELSBERRY 0590		
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 N. THIRD		d. STREET ADDRESS (If rural, give location) 308 N. Third 0		
3. NAME OF DECEASED (Type or Print) FANNIE		a. (First)	b. (Middle) HOWDESHELL	c. (Last) WOMBLE
4. DATE OF DEATH (Month) (Day) (Year) JAN. 25, 1955		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Nov. 1, 1879
9. AGE (In years last birthday) 84		# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress-retired		10b. KIND OF BUSINESS OR INDUSTRY garment factories		11. BIRTHPLACE (State or foreign country) PIKE COUNTY Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Howdeshell		
13b. MOTHER'S MAIDEN NAME ELIZABETH THEARS		14. NAME OF HUSBAND OR WIFE JOSEPH WOMBLE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ELVA BINKLEY - ELSBERRY, 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CAR MYOCARDITIS INTERVAL BETWEEN ONSET AND DEATH 10 mo		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CAR NEPHRITIS DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) 592X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-4, 1955, to 1-25, 1955, that I last saw the deceased alive on 1-24, 1955, and that death occurred at 5:30 AM., from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Elsberry, Mo.		23c. DATE SIGNED 1/27/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-27-55		24c. NAME OF CEMETERY OR CREMATORY ELSBERRY
24d. LOCATION (City, town, or county) (State) ELSBERRY, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> - Elsberry, Mo.		
DATE REC'D BY LOCAL REG. 2/7/55		REGISTRAR'S SIGNATURE Mrs. Clarence Priestly		ADDRESS Elsberry, Mo.

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

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.....

.....
working under my personal supervision.

Signed .....
Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsherry, Mo.

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.