

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018277
STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 24

300
1-57

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knox City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Knox City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence	Length of stay in lb 7 yrs	d. STREET ADDRESS 6520	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) WILLIAM THOMAS VAN HOWTEN	First Middle Last	4. DATE OF DEATH May 11, 1959
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 2, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Willis Van Howten	13b. MOTHER'S MAIDEN NAME Louisa Beesley	14. NAME OF HUSBAND OR WIFE Pauline C. Parrish
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486-14-5001	17. INFORMANT Mrs. Wm. T. VanHowten	Address Knox City, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic carcinoma of liver & lungs		INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Primary CA. of Lip followed	4 1/2 years
	DUE TO (c) by Radical Cervical Glands Excision	3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from Death occurred at July 4, 1955 to May 11, 1959 and last saw him alive on May 8, 1959 at 4:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Heads B Isom MD	(Degree or title)	22b. ADDRESS Knox City Mo	22c. DATE SIGNED 5/13/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 14 May '59	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem	23d. LOCATION (City, town, or county) (State) Knox County, Missouri
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24. FUNERAL DIRECTOR Edwin Edina Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. May-15-59	26. REGISTRAR'S SIGNATURE Thelma S. Hunter
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 19 1959

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 *A. J. Rimmer*

Licensed Embalmer No. *5041*

P. O. Address *Elgin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.