URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-040741
STATE FILE NUMBER

Birth 243 Registration District No. 333 Primary Registration District No. 4491 ~~6147~~ Registrar's No. 256

NDED FILED VS NOV 7 1960

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charleston Tywappity — Length of stay in 1b: 6 mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Route 2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Scott
c. CITY OR TOWN: Charleston — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ricky — Middle: Daywne — Last: Howard

4. DATE OF DEATH: Month: Oct. — Day: 9, — Year: 1960

5. SEX: Male
6. COLOR OR RACE: Col.
7. Married ☐ Never Married ☐ Widowed ☐ Baby Divorced ☐
8. DATE OF BIRTH: 3/29/60
9. AGE (last birthday): IF UNDER 1 YEAR: Months 6 Days; IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ——
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (City and state or country): Charleston, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ——
13b. MOTHER'S MAIDEN NAME: Odie Howard
14. NAME OF HUSBAND OR WIFE: ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.: ——
17. INFORMANT: Miss Odie Howard, R.2, Charleston, Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonitis - virus enteritis — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): ——
DUE TO (c): ——
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Oct 8/60, to Oct 9/60 and last saw ~~her~~ him alive on Oct 9/60
Death occurred at 11:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] DO
22b. ADDRESS: Wyatt Mo
22c. DATE SIGNED: 10/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 11, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): ~~[illegible]~~ Charleston, Mo.

24. FUNERAL DIRECTOR: [signature] — ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 10-27-60
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Oliver H. Holmes

Signature of Student Embalmer

Licensed Embalmer No. 4190

P. O. Address Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.