

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013783

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1622 STATE FILE NUMBER

AMENDED

FILED APR 26 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Clay</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Length of stay in 1b <u>3 weeks</u>		c. CITY OR TOWN <u>Liberty</u>		Inside-Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>208 Laura</u>	
3. NAME OF DECEASED (Type or print) First <u>Vernie</u> Middle <u>F.</u> Last <u>Howell</u>				4. DATE OF DEATH Month <u>April</u> Day <u>1</u> Year <u>1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-11-82</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
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 <u>home</u>		11. BIRTHPLACE (City, and state or country) <u>Clay Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>David Bush</u>			13b. MOTHER'S MAIDEN NAME <u>Eloise Zimmerman</u>			14. NAME OF HUSBAND OR WIFE <u>James A. Howell</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>unknown</u>		17. INFORMANT <u>James E. Howell</u> Address <u>Olathe, Kansas</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute myocardial failure</u>							<u>Immediate</u>
DUE TO (b) <u>Rupture of myocardium</u>							<u>Immediate</u>
DUE TO (c) <u>Myocardial infarction</u>							<u>1 week</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary occlusion; ileocecal intessusception</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY <u> </u> STATE <u> </u>
21. I attended the deceased from <u>July-2-1953</u> to <u>March-31-61</u> and last saw her/him alive on <u>Mar-31-1961</u> Death occurred at <u>1:00 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Clyde M. Smith</u>				22b. ADDRESS <u>10 W. Kansas Liberty, Mo.</u>			22c. DATE SIGNED <u>4-1-61</u>
23a. BURIAL (REMOTION, REMOVAL) (Specify) <u>Burial</u>		23b. DATE <u>4-4-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Friendship Church</u>		23d. LOCATION (City, town, or county) (State) <u>Macon, Missouri</u>		
24. FUNERAL DIRECTOR <u>Pasley Funeral Home, Liberty, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4-1-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

Clyde M. Smith

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 Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.