

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023647
STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 341

FILED JUL 10 1962

VS 300
Rev. 4/59

1 2499
2 0600
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4 1
5 2
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7 0
8 0
9 153.3
10
11
12 3-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 4 days	c. CITY OR TOWN Noel Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 123 East Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nellie Middle G. Last Howard			4. DATE OF DEATH Month July Day 2 Year 1962
5. SEX F	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 9-23-1887
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operated Gift Shop - Howard Sales Co. at Noel		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Iberia, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Ben Garner	
13b. MOTHER'S MAIDEN NAME Elizabeth Thompson		14. NAME OF HUSBAND OR WIFE Robt. W. Howard, 1-29-1945 Dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Son-		Address C. G. Howard, 1202 Shadeland, Houston, Tex	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) abruptly coronaries 2 months			
DUE TO (c) of sigmoid to metastasis to liver			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a.m. _____ p.m. _____	Month, Day, Year		
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 _____
21. I attended the deceased from 6/28/62 to 7/2/62 and last saw her/him alive on 7/2/62 Death occurred at 7:05 Pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lewin H. Ferguson MD		22b. ADDRESS 201 Mel Arts - Joplin Mo	22c. DATE SIGNED 7-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-5-1962	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery,	23d. LOCATION (City, town, or county) Joplin, Missouri
24. FUNERAL DIRECTOR Steve Parker Mortuary, Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 7-5-1962	26. REGISTRAR'S SIGNATURE Dovie Merriam

JUL 10 1962

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 Robert E. Leach

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.