

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027140  
STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4025 Registrar's No. 49

<b>FILED JUL 22 1963</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Barry</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wheaton</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wheaton</b>		Length of stay in lb <b>33 yrs</b>		c. CITY OR TOWN <b>Wheaton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Street in Wheaton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Street in Wheaton</b>	
3. NAME OF DECEASED (Type or print) <b>William Logan Howard</b>		4. DATE OF DEATH Month <b>June</b> Day <b>26</b> Year <b>1963</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-3-1884</b>	
9. AGE (last birthday) <b>78</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Howard</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Shewmake</b>		14. NAME OF HUSBAND OR WIFE <b>Joe Howard</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Joe Howard</b>		Address <b>Wheaton, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral anoxia</b>		DUE TO (b) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.		DUE TO (c) <b>Coronary infarction</b>		<b>15 min.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension - arteriosclerosis</b>		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 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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> 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 <b>3/20/53</b> to <b>6/26/63</b> and last saw <sup>him</sup> alive on <b>6/25/63</b> Death occurred at <b>5:30 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Fred R. Clark D.O.</b>		22b. ADDRESS <b>Box 88, Wheaton, Mo.</b>		22c. DATE SIGNED <b>6/28/63</b>	
23a. BURIAL, CREMATION, REMOVAL, etc. <b>Burial</b>		23b. DATE <b>June 28, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Rocky Comfort</b>	
23d. LOCATION (City, town, or county) <b>Rocky Comfort, Missouri</b>		24. FUNERAL DIRECTOR <b>McQueen Funeral Home, Wheaton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-28-63</b>	
26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>					

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
  
10050  
20050  
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8 0  
9 420.1  
10  
11  
12 91-2  
13 1-0

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUN 24 1963

MISSOURI DEPARTMENT OF HEALTH

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 Paul W. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville 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.

Permit obtained June 27-1963 P.W.