

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26386

State File No. _____

Registrar's No. 96

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4094

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cass</u> <u>0190</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City</u> <u>0190</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Home</u>			

3. NAME OF DECEASED a. (First) <u>Helen</u> b. (Middle) <u>Levise</u> c. (Last) <u>Howston</u>			4. DATE OF DEATH (Month), (Day), (Year) <u>Aug 10 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1900</u>	9. AGE (In years last birthday) <u>50</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Druggist</u>	11. BIRTHPLACE (State or foreign country) <u>Butler, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph C. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Merle J. Howston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Merle J. Howston Garden City, Mo.</u>	

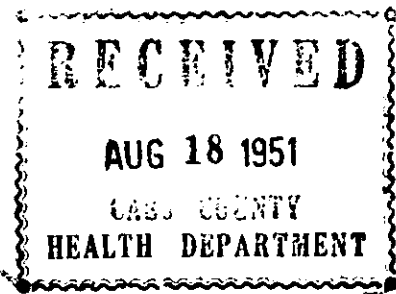
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10 Aug, 1951, to 10 Aug, 1951, that I last saw the deceased alive on 10 Aug, 1951, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leslie E. ...</u>		23b. ADDRESS <u>Garden City, Mo.</u>		23c. DATE SIGNED <u>11 Aug 51</u>	
---	--	--------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 13, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>Aug 14, 1951</u>		REGISTRAR'S SIGNATURE <u>451</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson Bros. Garden City, Mo.</u>			



AUG 25 1957

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4685

P. O. Address San Antonio City, Missour

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 this body is not embalmed, fact should be so stated above.