

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9454

State File No.

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 4333 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY OR TOWN <i>Clarksburg</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Clarksburg</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>0689</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>DOCK</i> b. (Middle) c. (Last) <i>HOWE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 6 1954</i>		
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5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 11 - 1921</i>		9. AGE (In years last birthday) <i>72</i>	If UNDER 1 YEAR Months <i>4</i> Days <i>26</i>	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroading</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Moniteau Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>Jim Howe</i>		13b. MOTHER'S MAIDEN NAME <i>Lucinda Kaiser</i>		14. NAME OF HUSBAND OR WIFE <i>Pearlie Howe</i>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>No.</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Pearlle Howe Clarksburg Mo.</i>			
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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) <i>Carcinoma of Liver</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 mos</i>
		ANTECEDENT CAUSES Morbid 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"/>	
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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) <i>Cl. Calaveras</i>	
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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?	
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22. I hereby certify that I attended the deceased from *Nov 14, 1953*, to *April 6, 1954*, that I last saw the deceased alive on *April 6, 1954*, and that death occurred at *9:00 PM*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Edgar A. Fobbs M.D.</i>		23b. ADDRESS <i>California</i>		23c. DATE SIGNED <i>4/9/54</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 9 - 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New Salem Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>California Mo. Rural</i>
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DATE REC'D BY LOCAL REG. <i>4-10-54</i>	REGISTRAR'S SIGNATURE <i>Helen R. Popejoy</i>	506	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hugh E. Williams California Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1958

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 *Hugh E Williams*.....

Licensed Embalmer No. *253*

P. O. Address *California*.....

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.