

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42342

2681

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 5796 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Walker</b>		c. LENGTH OF STAY (In this place) <b>0680</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Walker</b>		d. STREET ADDRESS (If rural, give location) <b>Near Kliever</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Near Clever</b>		d. STREET ADDRESS (If rural, give location) <b>Near Kliever</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Washington</b> c. (Last) <b>Howe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 19 1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 14--1875</b>
9. AGE (In years last birthday) <b>76</b>		10. MONTH (Day) (Year) <b>7 5</b>	11. BIRTHPLACE (State or foreign country) <b>Moniteau Co. Mo. D</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <b>Wm Harvey Howe</b>	
13b. MOTHER'S MAIDEN NAME <b>Amanda Comer</b>		14. NAME OF HUSBAND OR WIFE <b>Birtie Howe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Birtie Howe</b>		ADDRESS <b>California Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>  <b>10 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <b>5-1</b> , 19 <b>57</b> , to <b>12-19</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>12-17</b> , 19 <b>57</b> , and that death occurred at <b>12<sup>30</sup></b> A.M., from the causes and on the date stated above.			
23a. SIGNATURE <b>Kerrison Latham D.M.D.</b>		23b. ADDRESS <b>California, Dec.</b>	
23c. DATE SIGNED <b>12-21-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/21/57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Salem Bur. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>California Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-21-57</b>		REGISTRAR'S SIGNATURE <b>H.R. Coffey E.R. 202</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Williams Funeral Home</b>		ADDRESS <b>California Mo</b>	

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

RECEIVED

DEC 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 26 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*H. Friedmeyer*

Signed.....

Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California 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 this body is not embalmed, fact should be so stated, above.