

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27460**

BIRTH NO. _____		REG. DIST. NO. <b>224</b>		PRIMARY REG. DIST. NO. <b>7046</b>		Registrar's No. <b>41</b>	
1. PLACE OF DEATH a. COUNTY <b>Moniteau County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo.</b>		c. LENGTH OF STAY (In this place) <b>Entire life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California</b>		<b>68</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alexander</b>		b. (Middle) <b>Lincoln</b>		c. (Last) <b>Howard</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 2, 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 31, 1866</b>	
9. AGE (In years last birthday) <b>82</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Moniteau County</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Richard Russell Howard</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Selma B. Howard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>261</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Margaret Allen, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4299</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Semile</b>					
		DUE TO (c) <b>Fracture of hip</b>				<b>7 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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) <b>California Moniteau Mo.</b>			
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? <b>Accidentally fell down 6'</b>			
22. I hereby certify that I attended the deceased from <b>7-30, 1949</b> , to <b>8-2, 1949</b> that I last saw the deceased alive on <b>8-2, 1949</b> , and that death occurred at <b>3 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R.B. Fulke</b> (Degree or title)				23b. ADDRESS <b>California, Mo.</b>		23c. DATE SIGNED <b>8-4-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/4/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>California Masonic</b>		24d. LOCATION (City, town, or county) (State) <b>California, Moniteau, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-4-49</b>		REGISTRAR'S SIGNATURE <b>H.R. Pope</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Williams Funeral Home</b>		ADDRESS <b>California, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED  
AUG 29 1949  
District Health Officer No. 9.  
District File Number

SEP 1 1949

### 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 Hugh E Williams

Licensed Embalmer No. 3537

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.