

FILED MAY 5 1950
STANDARD CERTIFICATE OF DEATHState File No. **13853**
Registrar's No. **27**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		State File No. 13853		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Moniteau					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau				
b. CITY (If outside corporate limits, write RURAL and give township) TOWN California			c. LENGTH OF STAY (In this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) TOWN California			0681	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Latham Hospital					d. STREET ADDRESS (If rural, give location) High Street				
3. NAME OF DECEASED (Type or Print) STELLA GRACE HOWARD					4. DATE OF DEATH (Month) (Day) (Year) Apr. 13 1950				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Apr. 11, 1879		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady		10b. KIND OF BUSINESS OR INDUSTRY General Mdse.		11. BIRTHPLACE (State or foreign country) Moniteau County		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Jackson Howard			13b. MOTHER'S MAIDEN NAME Nancy Kelly			14. NAME OF HUSBAND OR WIFE Mrs. Minnie Robertson, California, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Robertson, California, Mo.					
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) Cholecystitis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic gall Bladder infection DUE TO (c) Complications following cholecystectomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complications following cholecystectomy					INTERVAL BETWEEN ONSET AND DEATH 6 mo 6 mo 585X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No gall stones. Structure normal. Bile ducts.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) California Moniteau Mo		21f. HOW DID INJURY OCCUR? No injury			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from Feb 7, 1950 , to April 13, 1950 , that I last saw the deceased alive on April 13, 1950 , and that death occurred at 11:37 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE L. L. Latham M.D.			23b. ADDRESS California Mo			23c. DATE SIGNED 4-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/15/50		24c. NAME OF CEMETERY OR CREMATORY Old Salem Cemetery		24d. LOCATION (City, town, or county) (State) California, Moniteau, Mo.			
DATE REC'D BY LOCAL REG. 4-19-50		REGISTRAR'S SIGNATURE H. R. Popovoy		25. FUNERAL DIRECTOR'S SIGNATURE WILLIAMS FUNERAL HOME, California, Mo.		ADDRESS WILLIAMS FUNERAL HOME, California, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number

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

Hugh E Williams

Signed.....
Student Embalmer

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.