

STANDARD CERTIFICATE OF DEATH

1952  
OCT 7 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 302

1941  
0

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

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bonne Terre</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Flat River, 0942</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>10 Stone Street</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bonne Terre</i>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <i>Mr. William</i>	b. (Middle) <i>Stone</i>	c. (Last) <i>Howell</i>	<i>Sept 22 1952</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White Cau.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 9-1892</i>	9. AGE (in years last birthday) <i>60-3-13</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	------------------------------------	---	-------------------------------------	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchandiser</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Ladies Ready To Wear</i>	11. BIRTHPLACE (State or foreign country) <i>De Lussos, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
---	---	---	---

13a. FATHER'S NAME <i>Mr. William N. Howell</i>	13b. MOTHER'S MAIDEN NAME <i>La Ferre Astery</i>	14. NAME OF HUSBAND OR WIFE <i>Luella Straghan Howell</i>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>No.</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. Luella Straghan Howell 10 Stone St. Flat River, Mo.</i>
--	---	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i>		
	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 <i>4201</i>	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)	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 *Nov 17, 1950*, to *Sept 22, 1952*, that I last saw the deceased alive on *Sept 21, 1952*, and that death occurred at *2:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>C. H. Applihery MD.</i>	23b. ADDRESS <i>Flat River, Mo</i>	23c. DATE SIGNED <i>9.23.52</i>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 24 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Francois Memorial</i>	24d. LOCATION (City, town, or county) (State) <i>Bonne Terre Mo</i>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <i>Sept. 24, 1952</i>	REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alvin W. Hood 323 Ave. St. Flat River, Mo</i>
--	--	---

**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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, 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.