

FILED FEB 15 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

483

State File No.

 BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 33 31

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Oak Ridge Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 N. Ellis</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Ette</u> c. (Last) <u>Howard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>30</u> <u>49</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 10 - 1863</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Days	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
----------------------	-------------------------------	---	---------------------------------------	---	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Alexander Cotner</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Howard</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Howard, Shawnee</u>
---	--	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease?</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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? <u>D</u>
---	--	-------------------------------------

22. I hereby certify that I attended the deceased from Dec 7, 1948, to Jan 30, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Wilson M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo.</u>	23c. DATE SIGNED <u>1-31-49</u>
--	--	---------------------------------

24a. BURIAL, CREMATION REMOVAL, (Specify) <u>Burial</u>	24b. DATE <u>2-1-49</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Ridge MO</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Feb 7-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Combs Fun. & Und. Co</u>
--	--	----	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. Y
File Number 249-2
dated 2-14

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 Thos. W. Allen

Licensed Embalmer No. 40555

P. O. Address Jackson

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.