

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

483

State File No.

16
4

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

REG. DIST. NO. 53

PRIMARY REG. DIST. NO. 3010

Registrar's No. 31

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, write RURAL and give
OR
TOWN Cape Girardeau township)

c. LENGTH OF STAY (in this place) 14 weeks

d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 10 N. E 116 S 13. NAME OF
DECEASED

(Type or Print)

a. (First) Julia

b. (Middle) Ette

c. (Last) Howard

4. DATE
OF
DEATH

(Month) (Day) (Year)

1 30 49

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov 10-1863

9. AGE (in years
last birthday)

85

IF UNDER 1 YEAR

Months Days

IF UNDER 4 HRS

Hours Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR IN-
DUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT

COUNTRY?
U.S.A.

13a. FATHER'S NAME

Alexander Cottner

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

George W. Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yea, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY
NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Carol Howard, Shawnee

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Cardiac failure

INTERVAL BETWEEN
ONSET AND DEATH

1 mo.

*This does not mean
the mode of dying, such
as heart failure, asthenia,
etc. It means the
disease, injury, or complication
which caused death.ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b)
rise to the above cause (a) dating
the underlying cause last.

DUE TO (c)

Coconaly artery disease?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

Arteriosclerosis. 120

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 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 NOT WHILE
AT WORK

21f. HOW DID INJURY OCCUR?

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 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or Title)

23b. ADDRESS

23c. DATE SIGNED

Charles F. Wilson M.D.

44

Cape Girardeau Mo. 1-31-49

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORIAL

24d. LOCATION (City, town, or county)

(State)

Burial

2-1-49

Oak Ridge

Oak Ridge Mo.

Date rec'd by LOCAL
REG.

REGISTRAR'S SIGNATURE

44

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Feb 7, 1949

E. C. Hammes

W. Combs Funeral Co.

RECEIVED

Health Officer No. Y
File Number 249-2
Filed 2-14-53

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 St. Allen

Licensed Embalmer No. 4053

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.