

comes a
legal rec-
ord when
properly
executed
and will
be placed
in per-
manent
file.

W r s e o
plainly
with per-
manent
black ink
or
typewriter

Funeral
director
must file
the cer-
tificate
with the
local
registrar
within 72
hours af-
ter death
or before
disposing
of the
body.

All items
are to be
complete &
accurate.

V. C. 6010
Rev 1006

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FLORIDA

STATE FILE NO.

REGISTRAR'S NO. 651009

1. PLACE OF BIRTH a. COUNTY Bay		CODE NO. 13-065		2. USUAL RESIDENCE (Where deceased lived) a. STATE Florida		REGISTRAR'S NO. 651009	
b. CITY, TOWN, OR LOCATION Panama City		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐		d. CITY, TOWN, OR LOCATION Highland Park		e. IS DEATH REPORTED BY CITY? YES ☐ NO ☒	
3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Memorial Hospital				4. STREET ADDRESS 2725 East Ave.			
5. NAME OF DECEASED (Type or print) Henry Thomas Howard		6. DATE OF DEATH October 7th, 1965		7. SEX Male		8. COLOR OR RACE White	
9. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		10. DATE OF BIRTH July 19, 1878		11. AGE (In years last birthday) 87		12. COUNTRY OF BIRTH U S A	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Carpenter		14. KIND OF BUSINESS OR INDUSTRY Public Work		15. BIRTHPLACE (State or foreign country) Alabama		16. COUNTRY OF BIRTH U S A	
17. FATHER'S NAME William Jasper Howard		18. MOTHER'S MAIDEN NAME Jocie Knight		19. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No		20. SOCIAL SECURITY NO. None	
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary embolus (b) pleurothrombosis - both legs (c) fractured ribs, fractured 2 humeri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE LISTED IN PART I (a)		22. DESCRIBE HOW DEATH OCCURRED (Enter nature of injury to Part I or Part II of form 18.) struck by automobile 26 miles prior to death		23. TIME OF DEATH 9:30 P.M. 9-18-65		24. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		26. CITY, TOWN, OR LOCATION Bay County		27. STATE Florida		28. I attended the deceased from death occurred at 12:25 P.M. on the date stated above; and to the best of my knowledge, from the following person: Dr. H. H. McElroy, M.D. Panama City, Fla.	
29. FUNERAL, CREMATION, OR REMOVAL (Specify)		30. NAME OF SOCIETY OR CREMATORY Hillville Cemetery		31. LOCATION (City, town, or county) Panama City, Florida		32. DATE RECD. BY LOCAL REG. 10-14-65	
33. SIGNATURE OF REGISTRAR		34. SIGNATURE OF DECEASED		35. SIGNATURE OF WITNESSES		36. SIGNATURE OF REGISTRAR	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE INFORMATION CONTAINED ON THE ORIGINAL DEATH CERTIFICATE AS FILED IN THE OFFICE OF THE BAY COUNTY HEALTH DEPARTMENT.

DATED: 8/25/69

Meddie E. White, Deputy REGISTRAR