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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20574**

FILED JUN 20 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4428** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY <b>PULASKI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PULASKI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RICHLAND</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RICHLAND</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert Eugene</b> b. (Middle) <b>Howlett</b> c. (Last) <b>Howlett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6/14/1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 13/1870</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chapman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MO</b>	11. BIRTHPLACE (State or foreign country) <b>Otherville MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Robert E. Howlett</b>	13b. MOTHER'S MAIDEN NAME <b>Ellena Marie Howlett</b>	14. NAME OF HUSBAND OR WIFE <b>Effie Howlett</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Effie Howlett</b> ADDRESS _____

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Permanence by poststatic edema</b>		<b>4530</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Renal dysfunction</b>		
DUE TO (c) <b>Hypertension</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>rich</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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) m.	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 **6-1-1949** to **6-4-1949** that I last saw the deceased alive on **6-1-1949** and that death occurred at **3 AM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Mallett M.D.</b> (Degree or title)	23b. ADDRESS <b>Brookers Mo.</b>	23c. DATE SIGNED <b>6-15-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6/7/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAKHAWN</b>	24d. LOCATION (City, town, or county) (State) <b>RICHLAND MO</b>
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DATE REC'D BY LOCAL REG. <b>6-13-49</b>	REGISTRAR'S SIGNATURE <b>Shelma C. Buckthorpe</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Depeel Richland</b> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1949

DEC 14 1953

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 \_\_\_\_\_

Lowell C. Craig  
working under my personal supervision.

Student Embalmer No. 329

Student .. Lowell Craig ..  
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3198

P. O. Address Richland

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.

P.