

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8844**

State File No. ....

5. No. 300  
V. 10.48  
**APR 7 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 21

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla, Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River, Mo.</u> <u>1946</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>918 East Main St. Flat River, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Nursing</u>			

<b>3. NAME OF DECEASED</b> a. (First) <u>William</u> (Type or Print)		b. (Middle) <u>Howlett</u>		c. (Last) <u>Howlett</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March, 8 1952</u>	
--	--	----------------------------	--	--------------------------	--	---	--

<b>5. SEX</b> <u>MALE</u>		<b>6. COLOR OR RACE</b> <u>Wht Amer</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <u>Widowed</u>		<b>8. DATE OF BIRTH</b> <u>April 22 - 1867</u>		<b>9. AGE</b> (In years) (Months) (Days) (Year) <u>89</u> <u>10</u> <u>16</u>	
------------------------------	--	--	--	---	--	---	--	--	--

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

<b>13a. FATHER'S NAME</b> <u>Mr. Nathaniel Howlett</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Woolridge</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>164 Belle Howlett</u> <u>2nd Mrs. Columbus</u> } <u>both deceased</u>	
---	--	--	--	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		<b>16. SOCIAL SECURITY NO.</b> <u>no.</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Wayne Howlett (son)</u>		<b>ADDRESS</b> <u>Flat River, Mo.</u>	
---	--	--	--	--	--	--	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>None</u> <u>10 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular renal disease</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
-------------------------------	--	---	--	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>442X</u>	
---	--	---	--	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
---	--	---	--	-----------------------------------	--

**22. I hereby certify that I attended the deceased from** 2-4-52, 19 52 to 3-8, 1952, that I last saw the deceased alive on 3-8, 1952, and that death occurred at 7:25 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>R.D. Orrell, M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Crystal City, Mo.</u>		<b>23c. DATE SIGNED</b> <u>3-10-52</u>	
---	--	---	--	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>March 10 - 1952</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Parkview Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Farmington, Mo.</u>	
---	--	--	--	---	--	--	--

<b>DATE REC'D BY LOCAL REG.</b> <u>Mar. 17 - 1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Gentry R. Polette</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Alvin W. Hood</u>		<b>ADDRESS</b> <u>3030 Crave St. Flat River, Mo.</u>	
--	--	--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

2500  
4

X

DATE RECEIVED MAR 25 1952  
HILLSBORO, MISSOURI  
HEALTH DEPT. GENERAL DEPT.

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 303 Crane St. Flat 2, Quincy, 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.