

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12217**  
Registrar's No. **152**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. LENGTH OF STAY (in this place) <b>3 1/2 mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Hospital No. 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton Mo.</b>	
		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b> b. (Middle) <b>Amelai</b> c. (Last) <b>Howerton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 28 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Oct. 30, 1874</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Days <b>5</b> Hours <b>28</b> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William Ed. Pooley</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Richmond</b>		14. NAME OF HUSBAND OR WIFE <b>DK Howerton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b> ADDRESS <b>Fulton, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Infection in the foot.</b>			
		ANTECEDENT CAUSES			
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Myocarditis. Senility with toxemia.</b></p> <p>DUE TO (c) <b>senile psychosism with arteriosclerosis</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION <b>none</b>		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) (Min.)		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 **4-22**, 19**52**, to **4-28**, 19**52**, that I last saw the deceased alive on **4-28**, 19**52**, and that death occurred at **9:35p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arthur Howerton M.D.</b>		23b. ADDRESS <b>Fulton Mo</b>		23c. DATE SIGNED <b>Apr. 28-1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April, 30, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Hill</b>	
				24d. LOCATION (City, town, or county) (State) <b>Holts Summit Mo</b>	

DATE REC'D BY LOCAL REG. <b>April 28-1952</b>		REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallace Funeral Home, Fulton, Mo</b> ADDRESS	
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JUL 3 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William C. Treha

Licensed Embalmer No. 4870

P. O. Address Fulton 7

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.