

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37359

State File No. _____

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 3012 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EXCELSIOR SPRINGS HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>435 BENTON</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RAYMOND</u>	b. (Middle) <u>W.</u>	c. (Last) <u>HOWLETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 31 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>9-24-1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUDITOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PLUMBING Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HOWARD Co. IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>FRANK P. HOWLETT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY WILBUR</u>	14. NAME OF HUSBAND OR WIFE <u>ETHEL W. HOWLETT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>	16. SOCIAL SECURITY NO. <u>487-07-5396A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LUCY JUDD</u> ADDRESS <u>435 BENTON EXCELSIOR SPRINGS, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerosis from Degenerative Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	ANTECEDENT CAUSES <u>Nephritis</u>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholesterol Uremia</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Arteriosclerosis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2-1, 1953, to 10-31, 1956, that I last saw the deceased alive on 10/31, 1956, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Queenie B. Johnson</u> (Degree or title) _____	23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>11/1/56</u>
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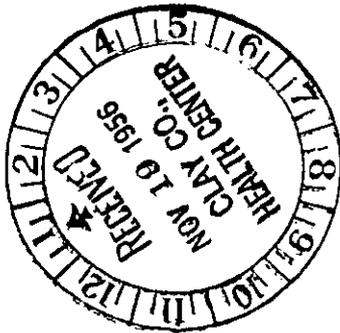
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>	24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-6-56</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL HOME, ADDRESS <u>Richard Funeral Home, Inc. Excelsior Springs, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

2-0



NOV 19 1956

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.....
Signature of Student Embalmer

Signed *Ralph O. Van Lulingham*
Licensed Embalmer No. *4000*

Clayton Springs, Mo.
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.