

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5714

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>58</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>7 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>815 So. Vermont</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>815 So. Vermont</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>JANE</u> c. (Last) <u>Fowler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 - 1949</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan - 20 - 1860</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours <u>21</u>	Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Dixon Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Tuberty</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen O'Reily</u>		14. NAME OF HUSBAND OR WIFE <u>Oliver F. Fowler</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loe Fowler</u>		ADDRESS <u>Dallas Texas</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION Terminal Pneumonia.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>Chronic Myocarditis - Asthma.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility.</u> DUE TO (c) <u></u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None other.</u>				10yrs.	
19a. DATE OF OPERATION <u>None.</u>		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>over 15 yrs.</u>		21f. HOW DID INJURY OCCUR? <u>Febr. 11th, 1949.</u>					
22. I hereby certify that I attended the deceased from <u>Febr. 11th, 1949.</u> to <u>2:55 P.M.</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Febr. 11th, 1949.</u> , and that death occurred at <u>over 15 yrs.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Jno. B. Carlisle, No. 5 Sedalia, Missouri.</u>		23c. DATE SIGNED <u>2-14-49.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>				
DATE REC'D BY LOCAL REG. <u>2-14-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 2-21-49

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 K.P.M. Gray

Licensed Embalmer No. 3153

P. O. Address Dallas, Tex

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.