

FILED JUN 6 1949

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BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4802 Registrar's No. 10

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Oregon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thomasville (Rural)</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thomasville (Rural)</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|---|----------------------------------|--|--|---------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Louella J</u> | b. (Middle) <u>Josephine</u> | c. (Last) <u>Fowler</u> | (Month)-(Day) (Year) <u>4-13-1949</u> | | |
| 5. SEX <u>femal</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>3/8/1869</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR |
| 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 | | 11. BIRTHPLACE (State or foreign country) <u>Lebanon, Missouri</u> |
| 10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | | | | |

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|--|---|---|
| 13a. FATHER'S NAME <u>Daniel McCarty</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Stephen Joseph Fowler</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>156A</u> | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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 4-1-, 1949, to 4-12-, 1949, that I last saw the deceased alive on 4-12-, 1949, and that death occurred at 4:30p m., from the causes and on the date stated above.

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|---|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>John P. Ellison M.D.</u> | 23b. ADDRESS <u>Thayer mo</u> | 23c. DATE SIGNED <u>4-27-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/15/1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodside cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Thomasville, Missouri</u> | | |

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|--|--|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>May 21-49</u> | REGISTRAR'S SIGNATURE <u>M. W. C. Johnson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellison</u> | ADDRESS <u>Thayer, Mo.</u> |
|--|--|--|-------------------------------|

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

RECEIVED 5/24/49
District Health Officer No. 5,
District File Number. 649401
Date Filed 6/3/49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Richard A. ...

Licensed Embalmer No. 4516

P. O. Address *Raym ...*

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.