

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32771

State File No.

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adm.(n).) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson MO / Lewis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Work Branson MO</u>		e. STREET ADDRESS (If rural, give location) <u>MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Allen</u> c. (Last) <u>Fowler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 28 1892</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas city MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Fowler</u>	13b. MOTHER'S MAIDEN NAME <u>Mallet Fowler</u>	14. NAME OF HUSBAND OR WIFE <u>Broderick Fowler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-053340</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lee Fowler</u>	ADDRESS <u>Branson 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>2</u>	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) _____
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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 Sept 22, 1949, to Sept 22, 1949, that I last saw the deceased at 9:22, 1949, and that death occurred at 2:57 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Dorothy Caroner Branson MO</u>	22b. ADDRESS _____	22c. DATE SIGNED <u>9-22-49</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>9-2-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 26 1949</u>	REGISTRAR'S SIGNATURE <u>S E Cogswell</u>	376	25. FUNERAL DIRECTOR'S SIGNATURE <u>RO Whelchel</u>	ADDRESS <u>Branson MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 4 1949

District Health Office No. 6,

District File Number 1049-1083

Date Filed 10-10-49

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. 338

working under my personal supervision.

Student James W. Stetman
Student Embalmer

Signed Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Bramson MD

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.