

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 19 1950 STANDARD CERTIFICATE OF DEATH

State File No. **22616**

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 169		
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Adair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 79 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		0013		
d. FULL NAME OF HOSPITAL OR INSTITUTION 416 S. Franklin				d. STREET ADDRESS (If rural, give location) 416 S. Franklin				
3. NAME OF DECEASED (Type or Print) a. (First) Lizzie		b. (Middle) Jane		c. (Last) Fowler		4. DATE OF DEATH (Month) (Day) (Year) July 3 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 14, 1856		
9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months		IF UNDER 2 WKS. Days		IF UNDER 2 WKS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) New York City, N. Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jackson Fowler			13b. MOTHER'S MAIDEN NAME Susan Ann Martin			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philip J. Fowler, Kirksville, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6-2 , 19 50 , to 7-3 , 19 50 , that I last saw the deceased alive on 7-3 , 19 50 , and that death occurred at 8:20 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE W. D. O. (Degree or title)				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 7-3-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/6/50		24c. NAME OF CEMETERY OR CREMATORY Forest		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.		
DATE REC'D BY LOCAL REG. 7-3-50		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul W. O. Kirkville, Mo.				

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

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JAN 22 1958

RECEIVED JUL 11 1958
District Health Officer No. 70
District File Number 7-50-1104
Date Filed JUL 14 1958

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 _____

Roy H. Meiser

Licensed Embalmer No. 4432

P. O. Address Kirkville, Missouri

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.