

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25904**

FILED AUG 31 1950

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>	
c. LENGTH OF STAY (in this place) <u>9 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grinn Smith Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>FOWLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept 29 1868</u>		9. AGE (In years last birthday) <u>84</u>		10. HOURS <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Novelty, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Albert J. Fowler</u>		13b. MOTHER'S MAIDEN NAME <u>Quintilla Jones</u>		14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Grinn Smith Hospital, Kirksville Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis advanced</u>		INTERVAL BETWEEN ONSET AND DEATH <u>survived</u>	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" 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)		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 Aug 10, 1950, to Aug 11, 1950, that I last saw the deceased alive on 8-11-, 1950, and that death occurred at 4:52A m., from the causes and on the date stated above.

23a. SIGNATURE <u>George E. Grinn MD</u>		23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>8/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eucellia</u>	
				24d. LOCATION (City, town, or county) (State) <u>Knox Co. Missouri</u>	

DATE REC'D BY LOCAL REG. <u>8-22-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Grimmer</u>	
				ADDRESS <u>Edina, Mo</u>	

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

0/3

Date Received: AUG 28 1950
DISTRICT HEALTH OFFICE #2
District File Number 2-50-1393
Date Filed: AUG 30 1950

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

Paul Hudson

Licensed Embalmer No. *2415*

P. O. Address *Edina Minn*

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.