

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36693**

396

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

BIRTH NO. <i>Springfield</i>		REG. DIST. NO. <i>128</i>	PRIMARY REG. DIST. NO. <i>2000</i>	Registrar's No. <i>995</i>
1. PLACE OF DEATH a. COUNTY <i>Green Co</i>		USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Lawrence</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Springfield</i>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wm Vernon Mo 0551</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Springfield Baptist</i>		d. STREET ADDRESS (If rural, give location) <i>303 West Water St</i>		
3. NAME OF DECEASED (Type or Print) <i>Levi</i>		a. (First) <i>Levi</i>	b. (Middle) <i>X</i>	c. (Last) <i>Fowler</i>
4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 12-1950</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 10-1882</i>	9. AGE (In years last birthday) <i>78</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Genl. Home Appliances Co. Mo</i>	11. BIRTHPLACE (State or foreign country) <i>Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Josiah Moore</i>		13b. MOTHER'S MAIDEN NAME <i>Lacey Hulstine Raymond</i>	14. NAME OF HUSBAND OR WIFE <i>Charles Lewis Dawson Mo</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Max Charles Lewis Dawson Mo</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atherosclerotic Heart Disease</i> ANTECEDENT CAUSES <i>Myocardial, Right Foot, due to arteriosclerosis</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>malnutrition</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4-200</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>none</i>	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) <i>none</i>	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 <i>9-16</i> , 1950, to <i>11-12</i> , 1950, that I last saw the deceased alive on <i>11-12</i> , 1950, and that death occurred at <i>7:00</i> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <i>William J. Dank, M.D.</i>		23b. ADDRESS <i>609 Cherry, Springfield</i>	23c. DATE SIGNED <i>11/13/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>11/13/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Spark Brook Church</i>	24d. LOCATION (City, town, or county) (State) <i>Near Wm Vernon Mo</i>	
DATE REC'D BY LOCAL REG. <i>11-15-50</i>	REGISTRAR'S SIGNATURE <i>W E Handley</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>George B Orr</i>		ADDRESS <i>Wm Vernon Mo</i>

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 Embalmer No.....

Signed.....

George B. Orr

Signed.....

Student Embalmer

Licensed Embalmer No. *746*

P. O. Address *Wilmington, N.C.*

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.