No. 300
10.48

FILED OCT 10 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31143

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 231

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883
d. STREET ADDRESS (If rural, give location): 623 Vincil

**3. NAME OF DECEASED** (Type or Print)
a. (First): Effie
b. (Middle): Mae
c. (Last): Fowler

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 28th 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Jan 1st 1882
**9. AGE** (In years last birthday): 69 — IF UNDER 1 YEAR: Months 8, Days 27 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Athome
**10b. KIND OF BUSINESS OR INDUSTRY**: ✓
**11. BIRTHPLACE** (State or foreign country): Mo
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: No data
**13b. MOTHER'S MAIDEN NAME**: No data
**14. NAME OF HUSBAND OR WIFE**: French L.

**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.**: 91216
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: French L Fowler, Moberly 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of Breast — 6 years
DUE TO (c):

II. 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**: 170X
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* Sept 28, 1951, *that I last saw the deceased alive on* Sept 27, 1957, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Clarence Clihrs M.D.
**23b. ADDRESS**: 300½ W. Reed, Moberly, Mo
**23c. DATE SIGNED**: 9-30-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sep. 30th 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Oakland
**24d. LOCATION** (City, town, or county) (State): Moberly, Mo

**DATE REC'D BY LOCAL REG.**: 9-30-51
**REGISTRAR'S SIGNATURE**: Leo. Williams Louie
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Mahan and Son, Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1795
Date Filed: OCT 9 1951

---

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 Frank O. McNutt

Licensed Embalmer No. 3021

P. O. Address Mobeely Mo

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.