

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

13468

State File No.

LED APR 23 1952

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>W. Vernon</u> <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>#303 West Water St.</u>	
3. NAME OF DECEASED a. (First) <u>Raymond</u> b. (Middle) <u>Fowler</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed June 7</u>	8. DATE OF BIRTH <u>8/10/3</u>
9. AGE (In years last birthday) <u>87</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Repair work</u>	11. BIRTHPLACE (State or foreign country) <u>Ill. U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Ezra Fowler</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hardaway</u>	14. NAME OF HUSBAND OR WIFE <u>Leve Moore</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Phara W. Anderson</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition & Senility</u> 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 _____		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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Jan. 1945</u> , to <u>4/10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/8</u> , 19 <u>52</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Samuel Glover, M.D.</u> (Degree or title)		23b. ADDRESS <u>W. Vernon, Mo.</u>	23c. DATE SIGNED <u>4/11/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/12/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>6 mi. N.E. of W. Vernon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr. 12 - 52</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Nett</u> <u>57</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B. Orr</u> ADDRESS <u>W. Vernon</u>	

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

550

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.....

George B. Orr

Licensed Embalmer No.

946

P. O. Address.....

My Home, 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.