No. 300
10.48

FILED OCT 27 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36928

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 58

930

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osceola
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Todd's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Hancock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plymouth 8120
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): Bradford
b. (Middle): Lee
c. (Last): Fowler

4. DATE OF DEATH (Month) (Day) (Year): Oct; 18 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: March 4 1931
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spray Painter
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (State or foreign country): Brooklyn Illinois 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Clay Fowler
13b. MOTHER'S MAIDEN NAME: Jesta Mae Springer
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW# 2
16. SOCIAL SECURITY NO.: 355-24-2386
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Henry Clay Fowler, Plymouth Ill;

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) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cranial Fracture, class III
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): automobile accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 54
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Collins St Clair Mo 093
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 17 53 9:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: automobile accident

22. *I hereby certify that I attended the deceased from* 10-17, 1953, *to* 10-18, 1953, *that I last saw the deceased alive on* 10-18, 1953, *and that death occurred at* 10:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Mark Todd DO
23b. ADDRESS: Osceola Missouri
23c. DATE SIGNED: 10-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-19-53
24c. NAME OF CEMETERY OR CREMATORY: Plymouth
24d. LOCATION (City, town, or county) (State): Plymouth Ill;

DATE REC'D BY LOCAL REG.: 10-18-53
REGISTRAR'S SIGNATURE: Ruth Seevers 285
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: F B Goodrich Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 30 1953

DEC 29 1953

VS JAN 7 1960

VS JAN 7 1960

FEB 18 1954

MAY 31 1955

MAY 27 1955

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.