

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5628**

BIRTH **FILED MAR 10 1954** REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY OR TOWN Caruthersville		c. CITY OR TOWN Caruthersville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 33yrs		e. STREET ADDRESS (If rural, give location) 404 E. 11th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 404 E. 11th Street			

3. NAME OF DECEASED (Type or Print) a. (First) JIM b. (Middle) HOWLER c. (Last) HOWLER			4. DATE OF DEATH (Month) FEB (Day) 23 (Year) 1954	
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1886	9. AGE (in years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Barber-shop	11. BIRTHPLACE (City and State or Foreign Country) Wake Forest, N. Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Maynard Fowler	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Georgia Fowler - C'Ville
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Georgia Fowler - Caruthersville Mo	ADDRESS Caruthersville Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac De-compensation		INTERVAL BETWEEN ONSET AND DEATH 18 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	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 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 15 July, 1953, to 23 Feb, 1954, that I last saw the deceased alive on 23 Feb, 1954, and that death occurred at 11:15 PM, from the causes and on the date stated above.

23a. SIGNATURE <i>Frederick M.D.</i>	23b. ADDRESS <i>Caruthersville, Mo</i>	23c. DATE SIGNED <i>27 Feb 1954</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge	24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
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DATE REC'D BY LOCAL REG. March 1, 1954	REGISTRAR'S SIGNATURE <i>Jessie B. Wilks</i>	25. FUNERAL DIRECTOR'S SIGNATURE H. S. SMITH FUNERAL HOME	ADDRESS Caruthersville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-50-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 8 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *W. Denver Pike*

Licensed Embalmer No. *448*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.