No. 300
10.48

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

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17668

BIRTH NO. _____ REG. DIST. NO. 3 32 PRIMARY REG. DIST. NO. 4577 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson Mo
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skaggs Comm Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN: Branson
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 514 Cincinnati Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): 5 - 31 - 54

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 27 1869

9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months 1 Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Auditor

10b. KIND OF BUSINESS OR INDUSTRY: Armour - Co

11. BIRTHPLACE (City and State or Foreign Country): Memphis Missouri

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Daniel B. Fowler

13b. MOTHER'S MAIDEN NAME: Sally Ann Walgamott

14. NAME OF HUSBAND OR WIFE: Florence Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Florence Fowler ADDRESS: Branson 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized — Unknown
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

4200

20. AUTOPSY? YES [ ] NO [X]

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* Dec 16, 1953, *to* 5-31, 1954, *that I last saw the deceased alive on* 5/31, 1954, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.C. Magness (Degree or title): M.D.

23b. ADDRESS: Branson, Mo

23c. DATE SIGNED: 6-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried

24b. DATE: 6-2-54

24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park

24d. LOCATION (City, town, or county) (State): Branson Mo

DATE REC'D BY LOCAL REG.: 6-10 54

REGISTRAR'S SIGNATURE: S E Cogswell 376

25. FUNERAL DIRECTOR'S SIGNATURE: R.O. Whitehead ADDRESS: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie L. Whelahe

Licensed Embalmer No. 227

P. O. Address Ramsey

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.