

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18914  
State File No. 2777

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Kansas City</b>		c. LENGTH OF STAY (in this place) <b>29yrs</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kelly Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>1310 College</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>Bailey</b> c. (Last) <b>Fowler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1954</b>
--	--	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb. 16, 1865</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 1 MIN. Min.
-------------------------	----------------------------------	--	--	---	------------------------	----------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Calloway Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	---

13a. FATHER'S NAME <b>Richard Fowler</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Bailey</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leola L. Rodman, 1310 College</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>	DUPLICATE	<b>3 Days</b>
ANTECEDENT CAUSES	DUPLICATE		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>		<b>Years</b>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE		
Conditions contributing to the death but not related to the disease or condition causing death.			<b>45°</b>

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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940 to Death 19\_\_\_\_, that I last saw the deceased alive on 6-19, 1954, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. D. Reese</b> (Degree or title)	23b. ADDRESS <b>3309 E. 12</b>	23c. DATE SIGNED <b>6-21-54</b>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-22-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>6-21-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster</b>	ADDRESS <b>Funeral Home, K.C., Mo.</b>
--	---	--	---

(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joe B. Yoder*.....

Licensed Embalmer No. *417*.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.