

FILED JUL 12 1954

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

State File No. **18915**
2647

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	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) 13 months		e. STREET ADDRESS (If rural, give location) 3835 E. 50 Hi-Way	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MANSON	b. (Middle) LENWOOD	c. (Last) FWLER	4. DATE OF DEATH (Month) (Day) (Year)
				6 12 54

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-7-24	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	10b. KIND OF BUSINESS OR INDUSTRY General Motors	11. BIRTHPLACE (City and State or Foreign Country) Sea Brook, New Hampshire	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Freeman Fowler	13b. MOTHER'S MAIDEN NAME Clarissa Eaton	14. NAME OF HUSBAND OR WIFE Mabel Fowler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II - Army	16. SOCIAL SECURITY NO. 025-18-1676	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Fowler ADDRESS 3835 E. 50 Hi-way-KC 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Compression of spinal cord DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			203X

19a. DATE OF OPERATION 5/12/54	19b. MAJOR FINDINGS OF OPERATION Epidural cord tumor (myeloma) thoracic area	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from 5/8/54, 1954, to 6/11/54, 1954, that I last saw the deceased alive on 6/11/54, 1954, and that death occurred at 12 A. m., from the causes and on the date stated above.

23a. SIGNATURE William Q. Wu (Degree or title) M.D.	23b. ADDRESS 701 E. 63rd St. K.C. Mo	23c. DATE SIGNED 6/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/13/54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Seabrook, New Hampshire
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DATE REC'D BY LOCAL REG. 6-12-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS Kansas City, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

*Dr. Wm
G. B. ...
...*

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 *Melvin Dastear*.....

Licensed Embalmer No... *49*.....

P. O. Address... *KCM*.....

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.