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FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24000

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>RURAL-BUFFALO</u>	c. LENGTH OF STAY (In this place) <u>NONE</u>	c. CITY OR TOWN <u>LOUISIANA</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIGHWAY # 54</u>		e. STREET ADDRESS (If rural, give location) <u>1402 GEORGIA ST. 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>FOWLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 11 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 17, 1886</u>	9. AGE (In years last birthday) <u>67</u>	<input type="checkbox"/> UNDER 1 YEAR	<input type="checkbox"/> UNDER 10 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED METAL MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>VANDALIA, MISSOURI</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ASA FOWLER</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BUTLER</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-18-7684</u>	17. INFORMANT'S SIGNATURE OR NAME <u>OTIS FOWLER</u>	ADDRESS <u>LOUISIANA, MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased on July 11, 1954, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Midd</u> (Degree or title) <u>Coroner 3 Pauling Union Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>July 12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VANDALIA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>VANDALIA, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>July 14, 1954</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374 25 FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>	ADDRESS <u>Louisiana, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Geo. M. Collier*.....

Licensed Embalmer No. *38*.....

P. O. Address *Louisiana*.....

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.