

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22940

State File No. _____

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. 3 Charleston</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Rt. 3 Charleston</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			e. STREET ADDRESS (If rural, give location) <u>2 miles N. of Wyatt, Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Jackson</u>	c. (Last) <u>Fowler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1955</u>	
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>July 26, 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sell</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William J. Fowler Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Sipp Fowler</u>	
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aubrey Fowler Rt 3 Charleston Mo</u>		

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u>		?
	DUE TO (c) <u>N/A</u>		
	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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11 December, 1954, to 30 April, 1955, that I last saw the deceased alive on 30 April, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or Title)	23b. ADDRESS <u>Charleston Mo</u>	23c. DATE SIGNED <u>5/2/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakgrove</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston Miss. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-2-55</u>	REGISTRAR'S SIGNATURE <u>Jean Deamer 4807</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Millville Producers, Mo</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

AUG 1 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed _____

AUG 12 1955

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 *J. Edgar M. Miller*

Licensed Embalmer No. *469*

P. O. Address *E. Prairie*

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.