

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2690
State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WACO	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 743 WEST CENTRAL			

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3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle) MARGARET		c. (Last) FOWLKES		4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JANUARY 28, 1910	
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR 6 Months		IF UNDER 1 HR. 27 Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS BOB PURCELL ASBURY 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) <u>Cushing's disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES		DUE TO (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		277X	
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 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 April 18, 1955, to 8-25, 1955, that I last saw the deceased alive on 8-19, 1955, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard R. Coble</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Carthage, Mo. 116 W. 3rd. St.</u>		23c. DATE SIGNED <u>8-26-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/28/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASIDONIA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STELLA MO</u>	
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DATE REC'D BY LOCAL REG. <u>8-27-55</u>		REGISTRAR'S SIGNATURE <u>W. H. Clinton</u> <u>139-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>	
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WRITE PLAINLY—USING UNFADING·BLACK INK—MAKE A PERMANENT RECORD

THE OFFICE OF THE HEALTH COMMISSIONER

RECEIVED
Date Filed
September 2 - 1965
Sevier County Health Office

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
Student Embalmer

Signed Samuel J. Lewis

Licensed Embalmer No. 4501

P. O. Address Webb City, 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 this body is not embalmed, fact should be so stated above.