

FILED MAR 13 1956

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4073**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Harrisonville <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN Harrisonville <small>(If rural, give location)</small>	
c. LENGTH OF STAY (In this place) 2 years		d. Is 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 1105 So Independence		e. STREET ADDRESS 1105 So Independence	

3. NAME OF DECEASED (Type or Print) KATHRINE ILONA FOWLER	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb 29 1956
---	------------	-------------	-----------	--

5. SEX Female	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31-1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	--------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State, or Foreign Country) Pettis Co Mo	12. CITIZENSHIP OF WHAT COUNTRY? USA
--	-----------------------------------	---	---

13a. FATHER'S NAME Tavener Martha Frances Jones	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Harry M Fowler
--	---------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-05-0039	17. INFORMANT'S SIGNATURE OR NAME Harry M Fowler	ADDRESS Harrisonville Mo
--	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUDDEN DEATH		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) MYOCARDIAL INFARCTION		5 MIN
	DUE TO (c) CORONARY THROMBOSIS		5 MIN
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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

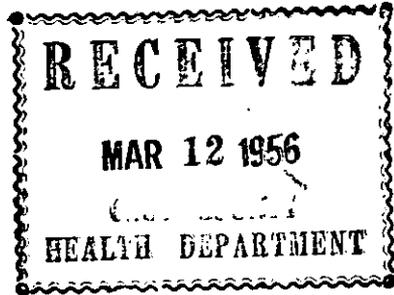
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4 P.** m., from the causes and on the date stated above.

23a. SIGNATURE J.C. Moody M.D. (Degree or title)	23b. ADDRESS HARRISONVILLE MISSOURI	23c. DATE SIGNED Mar 3-1956
---	--	------------------------------------

24a. BURIAL CREMATATION REMOVAL (Specify)	24b. DATE Mar 3-1956	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town or county) (State) Harrisonville Mo
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. Mar 3 1956	REGISTRAR'S SIGNATURE Dora Barwood	457	25. FUNERAL DIRECTOR'S SIGNATURE Brennenburgs	ADDRESS Harrisonville, Mo.
--	---	-----	--	-----------------------------------

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 *James R. Phillips*

Licensed Embalmer No....*468*

P. O. Address *Narragansett*

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.