

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27293

State File No.

FILED SEP 7 1956

 BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Raytown</u>		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 <u>11087 E 54th St</u>			e. STREET ADDRESS (If rural, give location) <u>11087 E 54th St. 1000</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilbur</u>		b. (Middle) <u>H.</u>	c. (Last) <u>Fowler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29, '56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 11, 1887</u>	9. AGE (in years last birthday) <u>69</u>	UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work both during period of working life, even if retired) <u>Met. Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lamoni, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Lewis Fowler</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Brill</u>		14. NAME OF HUSBAND OR WIFE <u>Lorena E. 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. <u>497-36-4260</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lorena E. Fowler 11087 E 54th St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic Crisis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes.</u>				
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>— — —</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>— — — m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>— — —</u>		
22. I hereby certify that I attended the deceased from <u>1951</u> , 19 <u>—</u> , to <u>Aug 29, 1956</u> , that I last saw the deceased alive on <u>Aug 29, 1956</u> , and that death occurred at <u>3:20 PM</u> from the causes and on the date stated above. <u>—</u>					
23a. SIGNATURE (Degree or title) <u>James J. Ferguson MD</u>			23b. ADDRESS <u>410 Bryant St</u>		23c. DATE SIGNED <u>8-29-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/31/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-31-56</u>		REGISTRAR'S SIGNATURE <u>James J. Ferguson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilton K. Tappay Raytown, Mo</u>		

(Discarded Embalmer's Statement on Reverse Side)

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

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SEP 10 1956

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.....
William L. Kepley

Licensed Embalmer No. 4225

P. O. Address 1209 1/2

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.