

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36883

STATE FILE NUMBER

FILED DEC 12 1956

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville <i>00130</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 416 N. High St.,		Length of stay in lb	d. STREET ADDRESS 416 N. High St., (If outside, give location) Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Philip Middle J. Last Fowler			4. DATE OF DEATH Month Dec. Day 5, Year 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 14, 1890
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at Law		10b. KIND OF BUSINESS OR INDUSTRY Law Business	11. BIRTHPLACE (City and state or country) Kirksville, Mo
13. FATHER'S NAME Jackson I. Fowler		14. MOTHER'S MAIDEN NAME Minnie Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) No (If yes, give war or dates of service) 1		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Ruth Fowler, Kirksville, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 min. 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 4:20 Month 12 Day 5 Year 1956 a. m. 0 p. m. 0			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kirksville, Mo.	COUNTY Adair
STATE Mo	21. I attended the deceased from 6/1/52 to 12/5/54 and last saw him her alive on 12/4/54 Death occurred at 6:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Ed. B. Sturman, D.O.	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 12/6/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/7/56	23c. NAME OF CEMETERY OR CREMATORY Fowler Addition Walnut Grove Cemetery Highland Park	23d. LOCATION (City, town, or county) (State) Paris, Missouri-Kirksville, Mo.
24. FUNERAL DIRECTOR Paul H. Riley	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 12-6-56	26. REGISTRAR'S SIGNATURE Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Items 23c & 23d corr by afdvt of fun'l dir. 6-3-57-jf
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Items 23c & 23d corr by afdvt of fun'l dir. 6-3-57-jf

MEDICAL CERTIFICATION

DEC 21 1930

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *George W. Davison*

Licensed Embalmer No. *417*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.