FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44423
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 203

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp. — Length of stay in Ib 12 Hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 464 Summit (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: Wilma Middle: Elizabeth Last: Fowler

4. DATE OF DEATH Month 12 Day 22 Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 10-23-1927
9. AGE (In years last birthday) 29 — 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 None
11. BIRTHPLACE (City and state or country) Malta Bend, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ervin R. Salyer
14. MOTHER'S MAIDEN NAME Rovilla Brewe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Rovella Salyer Address Waverly Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Decompensation
DUE TO (c) Hypertensive Cardiovascular Syndrome
INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1949 to 12-22-56 and last saw her/him alive on 12-22-56
Death occurred at 12 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Fisher (Degree or title) M.D.
22b. ADDRESS Marshall Mo
22c. DATE SIGNED 12-24-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-24-56
23c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery
23d. LOCATION (City, town, or county) Waverly (State) Mo.

24. FUNERAL DIRECTOR Bailey Funeral Home — Waverly
ADDRESS
25. DATE RECD. BY LOCAL REG. 12-24-56
26. REGISTRAR'S SIGNATURE Cecil G. Reed

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

29-0

OCT 6 1957

OCT 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Mamie D. Bailey.....

Licensed Embalmer No. 4.P.

P. O. Address Wamel,

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.