

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44666

BIRTH NO.		REG. DIST. NO. 108	PRIMARY REG. DIST. NO. 4178	Registrar's No. 23
1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Senath		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Senath	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 Senath, Mo		e. STREET ADDRESS (If rural, give location) 035-0		
3. NAME OF DECEASED a. (First) Robert		b. (Middle) W.	c. (Last) Vowell	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-25-1981	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restock operator.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ark	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME L. T. Vowell		13b. MOTHER'S MAIDEN NAME Mattie Johnson	14. NAME OF HUSBAND OR WIFE Essie Locke Vowell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Essie Vowell Senath	
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) <i>Coronary arteriosclerosis heart disease, coronary occlusion, myocardial infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis generaliz</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 30 months 4 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) m.	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 <i>Sept 1955</i> , to <i>Dec 24, 1956</i> , that I last saw the deceased alive on <i>Dec 24, 1956</i> , and that death occurred at <i>4 P</i> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Gherdy Washler Jr M.D.</i>		23b. ADDRESS <i>Senath, Mo</i>		23c. DATE SIGNED <i>1-1-57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12-26-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Senath Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Senath Mo</i>	
DATE REC'D BY LOCAL REG. <i>1-17-57</i>	REGISTRAR'S SIGNATURE <i>Walter H. Bridges</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McDaniel Funeral Serv. Senath, Mo.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY H  
DEPARTMENT 1-1657  
COUNTY FILE NUMBER 157

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.....  
*Edwin Lawrence*

Licensed Embalmer No. 480

P. O. Address... *Senath, W.*

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.