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FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20898

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: HOWELL
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): WEST PLAINS — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): X Rural X — Length of stay in 1b: 72 yrs.,

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HOWELL
c. CITY OR TOWN: WEST PLAINS, 0460 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): S. S. RTE., — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First / Middle / Last: CHARLES ALBERT FOWLER
4. DATE OF DEATH: Month / Day / Year: 6-3-57

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-13-1884
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9, Days 20 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINISTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): POTTERSVILLE, MO
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: J. M. FOWLER
13b. MOTHER'S MAIDEN NAME: CATHERINE ?
14. NAME OF HUSBAND OR WIFE: BESSIE FOWLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT: BESSIE FOWLER, Address: WEST PLAINS, 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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion — 4 hrs
DUE TO (c) Coronary thrombosis — 4 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis
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.) 4201
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 Feb. '57, to 6/3/57 and last saw him alive on 6/3/57
Death occurred at 10:20A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. L. Fowler M.D. (Degree or title)
22b. ADDRESS: West Plains Mo.
22c. DATE SIGNED: 6/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 6-6-57
23c. NAME OF CEMETERY OR CREMATORY: NEW LIBERTY
23d. LOCATION (City, town, or county) (State): WEST PLAINS, MO

24. FUNERAL DIRECTOR / ADDRESS: ROBERTSONS, WEST PLAINS, MISSOURI
25. DATE RECD. BY LOCAL REG.: 6-13-57
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 ..... Signed D. S. Roberts

Signature of Student Embalmer

Licensed Embalmer No. 343

P. O. Address West Plan

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.