

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27192

State File No. ....

FILED JUL 26 1957

BIRTH NO. ....		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>6153</u> Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>5yr</u>	c. CITY OR TOWN <u>ADVANCE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route Advance, Mo.</u>			STREET ADDRESS (If rural, give location) <u>Route - Pike twp</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>BENJAMIN</u>	c. (Last) <u>Fowler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 16, 1867</u>	9. AGE (In years last birthday) <u>94</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>W<sup>m</sup> Fowler</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Fowler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Granville Fowler, Advance, Mo.</u> ADDRESS		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3</u> years		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>4222</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)	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 <u>July 1953</u> , to <u>June 29 1957</u> , that I last saw the deceased alive on <u>June 28, 1957</u> , and that death occurred at <u>9:30pm</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Stephen H. Fisher D.P.</u> (Degree or title)		23b. ADDRESS <u>Bell City, Missouri</u>		23c. DATE SIGNED <u>7-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-2-57</u>	24c. NAME OF CEMETERY OR REPOSITORY <u>Clubs Creek</u>	24d. LOCATION (City; town, or county) (State) <u>Bollinger Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2/10/57</u>	REGISTRAR'S SIGNATURE <u>Bernice Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W<sup>m</sup> H. Orsya - Advance, Mo.</u>	ADDRESS		

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4645

P. O. Address Ad. and,

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.