FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45118
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 113 Vine St. — Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 113 Vine St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) — First: John; Middle: G.; Last: Fowlkes
4. DATE OF DEATH — Month, Day, Year: 12/13/57
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/20/1886
9. AGE (In years last birthday): 70 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Bertrand, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Tom Fowlkes
14. MOTHER'S MAIDEN NAME: Susan Loveless
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 414 34 3546
17. INFORMANT: Mrs. Tom Russell, Charleston, 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) Ca of Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: July 57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with Metastasis to liver
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 157X
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 7/16/57 to 12/13/57 and last saw ~~her~~ him alive on 12/12/57
Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. Alex Kolwing (Degree or title) MD
22b. ADDRESS: Charleston Mo
22c. DATE SIGNED: 12/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/15/57
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR AND ADDRESS: The Dunnelee Funeral Chapel Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 12-18-57
26. REGISTRAR'S SIGNATURE: Dorothy B. Hutton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed 12-21-5

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John T. Kennedy Jr.

Licensed Embalmer No. 38

P. O. Address Charleston

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.