

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038558

STATE FILE NUMBER

FILED OCT 17 1958

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 186

300
1-57

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn st		Length of stay in lb 1 mo.		1003 STREET ADDRESS Linn st		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle Carolyn Last Frazier				4. DATE OF DEATH Month Oct. Day 1, Year 1958			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 20, 1899	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Malden, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John D. Fowler			13b. MOTHER'S MAIDEN NAME Margaret J. Williams		14. NAME OF HUSBAND OR WIFE deceased		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —		17. INFORMANT F. F. Fowler Address St. Louis, Mo.			
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Epileptic Seizure - (Found dead in bed)						INTERVAL BETWEEN ONSET AND DEATH 3	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Epilepsy of long standing.		DUE TO (c) 3533		Years 3	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour — Month, Day, Year — a.m. — p.m. —							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 First call after death and last saw ^{her} / _{him} alive on unknown m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Helma C. Ruckthorpe, M.D. Health Officer (Degree or title) 5				22b. ADDRESS Benton, Mo		22c. DATE SIGNED 10, 7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10-3-58	23c. NAME OF CEMETERY OR CREMATORY Rock Hill cemetery		23d. LOCATION (City, town, or county) (State) Puxico, Mo. Rural		
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.			25. DATE REC'D. BY LOCAL REG. 10-10-58		26. REGISTRAR'S SIGNATURE Maxella Huntell		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED 10-13-58
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1058-237

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 Mark W. Fathens

Licensed Embalmer No. 4717
P. O. Address Dexter, Mo.

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.