Health, & Welfare Public Service

S. 300 3
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040730
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 392

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) HANNIBAL — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Found dead in car on Delaney Ave. — Length of stay in 1b 20 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MARION
c. CITY OR TOWN HANNIBAL 0644 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 823 RESERVOIR ST — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First BYRON Middle CHRISTIAN Last FOWLER

4. DATE OF DEATH Month NOV Day 19, Year 1958

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH MARCH 16,1881
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 8 Days 3 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER(Ret)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) SHELBY COUNTY,MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LUTHER FOWLER
13b. MOTHER'S MAIDEN NAME MARTHA BLANE LANGE
14. NAME OF HUSBAND OR WIFE ZADA F.FOWLER

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. 497-01-4867
17. INFORMANT Mrs Mildred Lunskis — Address 716 Ripley St Davenport Iowa

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 few hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:20 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry J Sweet Jr MD Coroner 3
22b. ADDRESS Hannibal Mo
22c. DATE SIGNED 11/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11-22-58
23c. NAME OF CEMETERY OR CREMATORY GRANDVIEW BURIAL PARK
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR Wilson & Sons — ADDRESS Monroe City Mo
25. DATE RECD. BY LOCAL REG. 12-2-1958
26. REGISTRAR'S SIGNATURE Dr. E. M. Luckeby H. C. Fisher

(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 causally related.

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RECEIVED DEC 9 1958
MARION CO. HEALTH DEPT.
DATE FILED DEC 9 1958

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 John S. Hand

Licensed Embalmer No. 4540

P. O. Address Hammond

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.