

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046890  
STATE FILE NUMBER

FILED DEC 19 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Sikeston</b> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Morehouse</b> <b>0720</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hosp.</b>		Length of stay in 1b <b>7 Hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>—</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>SARAH</b> Middle <b>ANN</b> Last <b>FOWLER</b>			4. DATE OF DEATH Month <b>11</b> Day <b>30</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-27-1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	9. AGE (In years last birthday) <b>89</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Cochran</b>		13b. MOTHER'S MAIDEN NAME <b>Benton</b>	14. NAME OF HUSBAND OR WIFE <b>John Fowler</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>0</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT Address <b>Mrs. Jewell Watson, Morehouse, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>3° Burna 85% of body</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) <b>9160</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 hour</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>16</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Clothes caught fire</b>		
20c. TIME OF INJURY Hour <b>—</b> Month <b>11</b> Day <b>30</b> Year <b>58</b> p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Morehouse</b> COUNTY <b>New Madrid</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>11-30-58</b> to <b>11-30-58</b> and last saw her alive on <b>11-30-58</b> Death occurred at <b>7:25 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. J. J. Jarno</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Sikeston, Mo.</b>	22c. DATE SIGNED <b>12-1-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-2-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Garden of Memories</b>	23d. LOCATION (City, town, or county) (State) <b>Sikeston, Missouri</b>
24. FUNERAL DIRECTOR <b>Watkins &amp; Sons, Morehouse, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 7-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

oreh, u.

(Licensed Embalmer's Statement on Reverse Side)

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. Tathius* .....

Licensed Embalmer No. *4717* .....

P. O. Address *Peterboro* .....

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.

REC-30 1958