Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000100
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Vandalia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 513 E. PAGE — Length of stay in 1b: 31 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN: Vandalia, 0041 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 513 East Page — Reside on Farm: Yes [ ] No [✓]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Agnes Last: Fowler

4. DATE OF DEATH: Month: Jan Day: 4 Year: 1959

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8-10-89

9. AGE (In years last birthday): 69 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ralls County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Frederick Wilkerson
13b. MOTHER'S MAIDEN NAME: Pricilla Barler
14. NAME OF HUSBAND OR WIFE: Albert 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.: NONE
17. INFORMANT: Albert Fowler Address: Vandalia, 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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 5 yr.
DUE TO (c) Arteriosclerosis — 10 yr.
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 Jan. 1955, to Jan. 4, 1959 and last saw her alive on Jan. 3, 1959
Death occurred at 9:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. W. Lindsey (Degree or title): D.O. 2
22b. ADDRESS: Laddonia, Missouri
22c. DATE SIGNED: 1-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-6-59
23c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetary
23d. LOCATION (City, town, or county) (State): Vandalia, Missouri.

24. FUNERAL DIRECTOR: William B. Waters ADDRESS: Vandalia Mo
25. DATE RECD. BY LOCAL REG.: Jan 14 1959
26. REGISTRAR'S SIGNATURE: Mallie Ferguson

(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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JAN 21 1959

NOV 30 1960

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 ..... Signed William P. Water
Signature of Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Dundalk

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.