

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017706

FILED JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER

Registrar's No. 2396

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		d. STREET ADDRESS (If outside, give location) 700 S. 10717 Sheley Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last George E. Fowler		4. DATE OF DEATH Month Day Year May 12, 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 7, 1903
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	11. BIRTHPLACE (City and state or country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME William Fowler	
13b. MOTHER'S MAIDEN NAME Jettia Foster		14. NAME OF HUSBAND OR WIFE Thelma Fowler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-09-1157	17. INFORMANT Mrs. Thelma Fowler
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery occlusion. DUE TO (b) Coronary sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Systolic Bleeding.		INTERVAL BETWEEN ONSET AND DEATH about 5 min.	
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 <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 May 11th 1959 to May 12th 1959 and last saw her alive on May 12th 1959 Death occurred at 11:55 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Solvin W. Tonkens. D.O.		22b. ADDRESS 8218 Wanner Rd. H.C. 25 Mo.	
22c. DATE SIGNED 5/14/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE May 15, 1959		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	
23d. LOCATION (City, town, or county) Kansas City,		23e. STATE Missouri	
24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd. K. C. Mo.		25. DATE RECD. BY LOCAL REG. 5-14-59	
26. REGISTRAR'S SIGNATURE Neva Minshel			

Solvin W. Tonkens USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

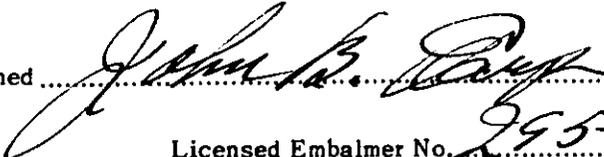
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 295-
P. O. Address 14. C. 9m

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.