

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUL 20 1959

59-023979

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Adair County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence* before admission) a. STATE <u>MO</u> b. COUNTY <u>Putnam</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>1 hr.</u>		c. CITY OR TOWN <u>Unionville</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle _____ Last <u>Fowler</u>				4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1959</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 10, 1878</u>		9. AGE (last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Putnam Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	
13a. FATHER'S NAME <u>Edward Fowler</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Stivers</u>			14. NAME OF HUSBAND OR WIFE <u>Marie Fowler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-40-8754</u>		17. INFORMANT Address <u>Marie Fowler-Unionville, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary artery occlusion</u> DUE TO (c) <u>Arteriosclerotic Heart disease</u>								INTERVAL BETWEEN ONSET AND DEATH. <u>2 hours.</u> <u>2 hours.</u> <u>Unknown.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m. _____		Month, Day, Year							
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 <u>June 12, 1959</u> to <u>June 21, 1959</u> and last saw <u>him</u> alive on <u>July 13, 1959</u> Death occurred at <u>12:50</u> P. <u>1</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Richard H. Turner D.O.</u>				22b. ADDRESS <u>800 W. Jefferson, Kirksville</u>		22c. DATE SIGNED <u>July 13, '59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>7-16-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Concord Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Putnam Co., Mo.</u>			
24. FUNERAL DIRECTOR <u>F.O. Husted & Son Unionville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-17-1959</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Raloff</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RICHARD H. TURNER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Muel E. Husted

Licensed Embalmer No. 330

P. O. Address Unknown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.