URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 25 1959

59-038882

STATE FILE NUMBER

AENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Zalma — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bollinger
c. CITY OR TOWN Zalma — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First James Middle Daniel Last Fowler
4. DATE OF DEATH: Month Nov. Day 11, Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 27, 1885
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 11 Days 15 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Zalma, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Fowler
13b. MOTHER'S MAIDEN NAME: Charity Abernathy
14. NAME OF HUSBAND OR WIFE: Josie E. Fowler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: 328-05-9604
17. INFORMANT: Josie E. Fowler Address: Zalma, 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) Carcinoma of Pancreas Hed. — INTERVAL BETWEEN ONSET AND DEATH: Gradual
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 April 25 1959 to Nov. 11, 1959 and last saw ~~him~~ alive on Nov. 11, 1959
Death occurred at 11:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. C. Masters (Degree or title) M.D.
22b. ADDRESS Advance Mo.
22c. DATE SIGNED Nov. 13 1959

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-14-59
23c. NAME OF CEMETERY OR CREMATORY Berrong
23d. LOCATION (City, town, or county) (State) Bollinger Co., Mo.
24. FUNERAL DIRECTOR Wm. H. Mayer ADDRESS Advance, Mo
25. DATE RECD. BY LOCAL REG. 11-17-59
26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm. H. Morgan

Signature of Student Embalmer

Licensed Embalmer No. 4640

P. O. Address Advance,

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