

FILED VS MAR 14 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 299

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo' b. COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 2yrs.		c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 540 Benton Ave'			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 540 Benton Ave'		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First SAMMIE Middle L Last FOWLER				4. DATE OF DEATH Month March Day 6 Year 1960					
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH October 10 1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier			10b. KIND OF BUSINESS OR INDUSTRY Army Retired		11. BIRTHPLACE (City and state or country) Albany Georgia		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Cora Smith			14. NAME OF HUSBAND OR WIFE Dora Fowler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes Career			16. SOCIAL SECURITY NO.		17. INFORMANT Address Dora Fowler 3028 Lafayette, Denver Colo'				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably acute alcoholism & exposure								INTERVAL BETWEEN ONSET AND DEATH	
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) lacerations of scalp probably accidental						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 checked="" type="checkbox"/> NO <input 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.) He was found lying in the snow by a					
20c. TIME OF INJURY Hour _____ Minute _____ Unknown P.M. 3/4/60		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in front of garage			20f. CITY, TOWN, OR LOCATION COUNTY STATE Springfield, Greene, Missouri				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at probably near 7:00A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Walter A. Triane Greene County Coroner				22b. ADDRESS Springfield, Missouri			22c. DATE SIGNED 3/10/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 'II 1960	23c. NAME OF CEMETERY OR CREMATORY Springfield National			23d. LOCATION (City, town, or county) (State) Springfield Mo'			
24. FUNERAL DIRECTOR ADDRESS H.V. Smith 602 N Jefferson St.				25. DATE RECD. BY LOCAL REG. 3-11-1960		26. REGISTRAR'S SIGNATURE Effie E. Melton			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 1960

MAR 25 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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