

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6299 - 62-024623
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. _____

FILED JUL 2 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1		
20570 248		
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4 0		
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12 830		
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83	INSTEAD OF	DOCUMENT
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE MISSOURI b. COUNTY Jefferson	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE MISSOURI b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	
c. FULL NAME OF HOSPITAL OR INSTITUTION Goodman Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 915 N. Grand		(If outside, give location)	
3. NAME OF DECEASED (Type or print) First HOMER Middle FOWLER Last FOWLER		4. DATE OF DEATH Month JUNE Day 23 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/21/10
9. AGE (last birthday) 51		IF UNDER 1 YEAR Months 5 Days 18	IF UNDER 24 HR Hours 12 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) LUTESVILLE, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME FRED FOWLER		13b. MOTHER'S MAIDEN NAME IRENE MAUDE	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Address GLADYS RADFORD, SEE 2D	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage)			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Esophageal varices			581.1
DUE TO (c) Laennec's cirrhosis			
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 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.)	
20c. TIME OF INJURY Hour VA Month, Day, Year 5/8/62	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.) Upper Alton		20f. CITY, TOWN, OR LOCATION Alton, Ill. COUNTY Ill. STATE Ill.	
21. I attended the deceased from 5/8/62 to 6/23/62 and last saw him alive on 6/23/62 . Death occurred at 10:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald H. Peppers M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 6/23/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6-26-62		23c. NAME OF CEMETERY OR CREMATORY Upper Alton	
23d. LOCATION (City, town, or county) Alton, Ill.		23e. STATE Ill.	
24. FUNERAL DIRECTOR Smith Funeral Home, Alton, Ill.		25. DATE RECD. BY LOCAL REG. JUN 25 1962	
26. REGISTRAR'S SIGNATURE Coal Smith, M.D.			

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

W. R. Coffman

Licensed Embalmer No. 6119.

P. O. Address _____

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.