

S. No. 2  
1-12-45  
7-5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13682**

FILED MAY 7 1948

Registration District No. **291**

Primary Registration District No. **5989**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **Putnam**

(b) City or town **Livonia, Mo. Grant**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
**life** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Putnam** **86**

(c) City or town **Livonia, Mo.** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Debie Frances Fowler**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **D**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife **Edward Fowler**

6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased: **Nov. 29 1858**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**89 4 22** hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**  
year **1948** hour **4:30** minute **A** M.

21. I hereby certify that I attended the deceased from **April 18**  
19**48** to **April 21**, 19**48**  
that I last saw her alive on **April 20**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pneumonia**  
**(Lobar)**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **P. V. Hart** (M. D. or other) \_\_\_\_\_  
Address **Centerville Mo** Date signed **4-23-48**

9. Birthplace **Lancaster, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **homework**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Issiae Stivers**

13. Birthplace **Ind.** (City, town, or county) (State or foreign country)

14. Maiden name **Virginia Hickman**

15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mohn Carter**

(b) Address **Livonia, Mo.**

17. (a) **B** (Burial, cremation, or removal) (b) Date thereof **4-23-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Summers Cem**

18. (a) Signature of funeral director **D. H. Stiles**  
**Unionville, Mo.**

(b) Address \_\_\_\_\_

19. (a) **4-28-48** (Date received local registrar) (b) **Marvell Durbin** (Registrar's signature) **P. V.**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 10  
District File Number 541779  
Date Filed MAY 5 1948

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... J. O. Husted  
..... Licensed Embalmer No. 2975  
..... P. O. Address Unionville Mo

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 this body is not embalmed, fact should be so stated above.