

FILED APR 5 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7714

State File No.

No. 300
10.48
2200

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5269 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Christian</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Christian</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sparta, Mo. Rural</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Melancton Township</u>		OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sparta, Mo. Rural Melancton Township</u>			d. STREET ADDRESS (If rural, give location) <u>Rural</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvilda</u> b. (Middle) <u>Fowler</u> c. (Last) <u>Fowler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23 1949</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 10 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Bengaman Melton</u>		13b. MOTHER'S MAIDEN NAME <u>Malissa Felkins</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Oran Fowler, Sparta, Mo</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Insufficiency</u>			DUE TO (b) <u>arterio sclerosis</u>				<u>20 minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>unknown except age</u>				<u>7 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H5</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1943, 1943 to Jan 25, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 9:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T.B. Chaffin M.D.</u>		23b. ADDRESS <u>Ozark, Mo</u>		23c. DATE SIGNED <u>1-2-49</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Township Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 10 1949</u>	REGISTRAR'S SIGNATURE <u>Savilla Leonard</u>	59	25. FUNERAL DIRECTOR'S SIGNATURE <u>T.B. Chaffin</u>	ADDRESS <u>Ozark, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6;

Case Number 449-324

Date Filed 4-4-49

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

Student Embalmer

Signed T. B. Chaffin.....

Licensed Embalmer No. 2192.....

P. O. Address Ogark 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.