

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8371

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1032</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>117</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>1</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Inter-City</u> <u>Kansas City</u> <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>628 South Ash.</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>628 South Ash.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Fowler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Nov. 11, 1865</u>		9. AGE (In years last birthday) <u>83</u> # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Brown 630 S. Hardy</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Stomach & Bladder</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> <u>154X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr</u> <u>1 yr</u>	
19a. DATE OF OPERATION <u>6-25-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Rectum, Stomach & Liver</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>6-1-1948</u> to <u>3-5-1949</u> , that I last saw the deceased alive on <u>3-5-1949</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter G. Hook</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>500 Poplar St. St. Louis, Mo.</u>			23c. DATE SIGNED <u>3/6/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Monte Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>La Monte, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-10-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard K. Kelly, Indep no</u>				

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

1032

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.....

Russell C. Gribben

Student Embalmer No. 230

working under my personal supervision..

Signed *Russell C. Gribben*
Student Embalmer

Signed *Dixon L. Kesby*
Licensed Embalmer No. 4225

P. O. Address Indep. 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.