

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40701**

FILED DEC 19 1949

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **156**

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett Rural #10	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Presnell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Clemmie b. (Middle) Lorina c. (Last) Fowler			4. DATE OF DEATH (Month) (Day) (Year) Dec 6-1949		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 14-1888	9. AGE (In years Last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marmaduke Ark	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Jesse Burton	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Will Fowler
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Fowler Kennett, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4:00
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **12-6, 1949**, to **12-6, 1949**, that I last saw the deceased alive on **12-6, 1949**, and that death occurred at **9:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. C. Wilson M.D.	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 12-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-7-1949	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	24d. LOCATION (City, town, or county) (State) Kennett, Mo.
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DATE REC'D BY LOCAL REG. 12-7-1949	REGISTRAR'S SIGNATURE Carl H. Hubert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 90 Santa Service Kennett, Mo.
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Rec. DUNKLIN COUNTY HEALTH DEPARTMENT

KENNETT, MISSOURI 12-12-49

County File No. 1249-22

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

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