

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 155

FILED JAN 19 1950

BIRTH NO. 33488-49 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co Hosprl</u>		d. STREET ADDRESS (If rural, give location) <u>40-635</u>	

3. NAME OF DECEASED
(Type or Print) Cynthia Louise Fowler

a. (First) Cynthia b. (Middle) Louise c. (Last) Fowler

4. DATE OF DEATH (Month) (Day) (Year) Jan 7 1950

5. SEX F / W 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby 8. DATE OF BIRTH June 10 1949 9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) X 6 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Springfield Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Paul Fowler 13b. MOTHER'S MAIDEN NAME Imogene Fargus 14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X 16. SOCIAL SECURITY NO. X 17. INFORMANT'S SIGNATURE OR NAME Paul Fowler ADDRESS Columbia

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (acute) (Virus)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxio - enteritis acute
DUE TO (c) (acute) Thymus - lymphatic system

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
27.3X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) Columbia Boone Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Jan 1950 to 7 Jan 1950, that I last saw the deceased alive on 7 Jan 1950, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS 805 E. Broadway Columbia 23c. DATE SIGNED 7 Jan 50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Jan 12 1950 24c. NAME OF CEMETERY OR CREMATORY Springfield Mo 24d. LOCATION (City, town, or county) (State) Springfield Mo

DATE REC'D BY LOCAL REG. Jan 9 1950 REGISTRAR'S SIGNATURE Mrs R.E. Palmer 31 FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 16 1950
District Health Officer No. 9,
District File Number

FILED
JAN 16 1950

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, Ernest

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Ernest A. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Md.

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.