

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

236

State File No.

0117

0

0117

0

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1223 Dewey, Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Willard</u>		b. (Middle) <u>C.</u>	
c. (Last) <u>Fowler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 27, 1873</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe cobbler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Polander Fowler</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Wallace</u>	14. NAME OF HUSBAND OR WIFE <u>Hannah Fowler</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>610-09-5224</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hannah Fowler-St. Joseph, Mo.</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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy & dilatation heart</u> DUE TO (c) <u>Arterio-sclerosis (gen)</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis & cholelithiasis; Sinus bradycardia of sigmoid</u></p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	<u>4500</u>
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?	
22. I hereby certify that I attended the deceased from <u>1/13, 1950</u> , to <u>2/1, 1950</u> , that I last saw the deceased alive on <u>2/1, 1950</u> , and that death occurred at <u>930 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. T. Bloomer, M. D.</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>2/2/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>
DATE REC'D BY LOCAL REG. <u>Feb. 7, 1950</u>	REGISTRAR'S SIGNATURE <u>G. L. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home - St. Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Charles M. Harman

Signed
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.