No. 300
10.48

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17336

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3-661 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY - Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Turnback
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Aurora Mo Rt I

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aurora Mo Rt I 0550
d. STREET ADDRESS (If rural, give location) Route I

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) A
c. (Last) Fowler

4. DATE OF DEATH (Month) Feb (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 20-1907
9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME William Fowler
13b. MOTHER'S MAIDEN NAME Annie Casey
14. NAME OF HUSBAND OR WIFE Vesta May Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Vesta May Fowler — ADDRESS Rt 1 Aurora, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Heart attack — INTERVAL BETWEEN ONSET AND DEATH: 3

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.
4343

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) ✓

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
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 After death, to _____, 19___, that I last saw the deceased alive on Feb 2, 19 50, and that death occurred at 4:15 P m., from the causes and on the date stated above.

23a. SIGNATURE Herman Surridge (Degree or title) coroner
23b. ADDRESS Marionville Mo
23c. DATE SIGNED 2/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb-5-1950
24c. NAME OF CEMETERY OR CREMATORY Dover Cemetery
24d. LOCATION (City, town, or county) Marionville (State) Mo

DATE REC'D BY LOCAL REG. 5-10-50
REGISTRAR'S SIGNATURE W. S. Bussey 159
25. FUNERAL DIRECTOR'S SIGNATURE Max L Fossett — ADDRESS Neosho, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 20 1950
District Health Office No. 6,
District File Number 550-584
Date Filed 5-20-50

SEP 18 1953

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.