No. 300
10-48

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23140

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4/58 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo 1300
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): CALEB
c. (Last): FOWLER

4. DATE OF DEATH (Month) (Day) (Year): 7-9-1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-22-1880
9. AGE (In years last birthday): 69 — If under 1 year: Months 6, Days 17 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: H. B. Fowler
13b. MOTHER'S MAIDEN NAME: Lucinda Tinsley
14. NAME OF HUSBAND OR WIFE: Nettie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Nettie Fowler — **ADDRESS**: Buffalo 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): Apoplexy (Cerebral Hemorrhage)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

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

INTERVAL BETWEEN ONSET AND DEATH: 1/15 min

334X

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* 7-9 *19*50 *to* _____, *19*____, *that I last saw the deceased alive on* 7-8, *19*50, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. O. Jamison — (Degree or title): M.D.
23b. ADDRESS: Buffalo Mo
23c. DATE SIGNED: 7-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-11-1950
24c. NAME OF CEMETERY OR CREMATORY: Clark Lawn
24d. LOCATION (City, town, or county) (State): Buffalo Mo

DATE REC'D BY LOCAL REG.: 7/22/50
REGISTRAR'S SIGNATURE: Mrs J. B. Jones 80
25. FUNERAL DIRECTOR'S SIGNATURE: R B Jones — **ADDRESS**: Buffalo Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750 - 891

Date Filed 7 - 31 - 50

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 Marvin B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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