

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29748

State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 53

210

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u> <u>6210</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>West 6th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West 6th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>	b. (Middle) <u>Fowler</u>	c. (Last) <u>Fellows</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 7 1911</u>	9. AGE (In years last birthday) <u>38</u>	if UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Knox County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Fowler</u>	13b. MOTHER'S MAIDEN NAME <u>Maxie Carder</u>	14. NAME OF HUSBAND OR WIFE <u>Millard Fellows</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Millard Fellows</u>	ADDRESS <u>Salisbury Mo.</u>
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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 <u>1 yr (?)</u> <u>T</u> <u>194X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of thyroid with general metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenoma of thyroid</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			

19a. DATE OF OPERATION <u>April 25, 50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of thyroid</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 29, 1950, to Sept 5, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 2:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Hanna</u> (Degree or title)	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>9-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 7 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/8/50</u>	REGISTRAR'S SIGNATURE <u>L. L. Hanna</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. B. Winkelmeier</u>	ADDRESS <u>Salisbury Mo</u>
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