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

THE DIVISION OF HEALTH OF MISSOURI

FILED OCT 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34116

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>352</u>			
1. PLACE OF DEATH a. COUNTY <u>Pike Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>1da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Pittsfield</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL 872nd</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Phebe</u> b. (Middle) <u>CATHARINE</u> c. (Last) <u>FOWLER</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 - 1950</u>		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>Sept. 10, 1875</u>		9. AGE (In years last birthday) <u>75</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co. Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>George G. Baver</u>		13b. MOTHER'S MAIDEN NAME <u>Della Colver</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY FOWLER</u>					
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>Walter M. Plathus</u> ADDRESS <u>Pittsfield Ill</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis heart disease</u>				ANTECEDENT CAUSES				DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				4 2000	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>				2 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) _____					
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? _____					
22. I hereby certify that I attended the deceased from <u>Sept 1, 1950</u> , to <u>Oct 14, 1950</u> , that I last saw the deceased alive on <u>Oct 14, 1950</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert Plannings</u> (Degree or title) _____				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>10/14/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsfield, Ill</u>			
DATE REC'D BY LOCAL REG. <u>10-16-50</u>		REGISTRAR'S SIGNATURE <u>Jr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. Plathus</u>		ADDRESS <u>Pittsfield Ill</u>			

RECEIVED OCT 19 1950  
UNION CO. HEALTH DEPT.  
DATE FILED OCT 20 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, or by NIT

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed H. Crawford Smith

Licensed Embalmer No. 3514

P. O. Address Hannibal 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.