

FILED JUN 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21750

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 121

32

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) II70 South Salt Pond	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert	b. (Middle) James	c. (Last) Fowler	4. DATE OF DEATH (Month) (Day) (Year) June 18th, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 14th, 1930.	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 5 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Higginsville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Roy Fowler	13b. MOTHER'S MAIDEN NAME Dora Albers	14. NAME OF HUSBAND OR WIFE Mrs Jane Waters Fowler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World war 2.	16. SOCIAL SECURITY NO. 497-24-8449	17. INFORMANT'S SIGNATURE OR NAME George Waters, Marshall, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gun shot wound in head		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accidental		
	DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION June 15, 1951	19b. MAJOR FINDINGS OF OPERATION E976 x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) the place of business	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshall Mo. Saline Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 15, 1951 2:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Falling with a .38 revolver
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22. I hereby certify that I attended the deceased from **June 18, 1951**, 19**51**, that I last saw the deceased alive on **June 18, 1951**, and that death occurred at **2:30 PM, June 18, 1951**, with the causes and on the date stated above.

23a. SIGNATURE C. L. Saunders (Degree or title) Coroner Saline Co.	23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 6-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Mo.
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DATE REC'D BY LOCAL REG. June 22-1951	REGISTRAR'S SIGNATURE Sidney J. Gray	25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS	ADDRESS MARSHALL-MO.
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RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-25-51

JUL 5 1951

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, on _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. H. Purvis

Licensed Embalmer No. 1171

P. O. Address Marshall - 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.