

STANDARD CERTIFICATE OF DEATH

2241

State File No. ....

FILED JAN 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (in this place) <b>6 years</b>		d. STREET ADDRESS (If rural, give location) <b>1314 East Broadway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Malindia</b> c. (Last) <b>Fowler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug., 16, 1870</b>	9. AGE (In years) <b>81</b>	# UNDER 1 YEAR Months <b>1</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. COUNTRY</b>

13a. FATHER'S NAME <b>John Lippy</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Loyce B. Akins Sedalia, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b>		
	DUE TO (c) <b>Hypertensive vascular disease</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Thrombosis arteries to left leg</b>		years <b>3 mos.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>260x</b>	

22. I hereby certify that I attended the deceased from 27 May, 1949, to 20 Dec, 1951, and that death occurred at 8: P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl Siegel M.D.</b>		23b. ADDRESS <b>1216 West 18th St. Sedalia, Mo.</b>		23c. DATE SIGNED <b>17 June 52</b>	
24a. BURIAL, CREMATION, OR OTHER (Specify) <b>Burial</b>		24b. DATE <b>1/19/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>1-18-1952</b>		REGISTRAR'S SIGNATURE <b>W. Campbell</b>		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Samuel E. Richard, Joplin, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

District File Number ~~21-1952~~

Date Filed ~~JAN 21 1952~~

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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.