

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6006

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| BIRTH NO. <u>0249</u> | | REG. DIST. NO. <u>276</u> | | PRIMARY REG. DIST. NO. <u>4410</u> | | Registrar's No. <u>13</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) | | | |
| a. COUNTY <u>Phelps</u> | | b. CITY (If outside corporate limits, write RURAL and give township) <u>St. James Mo</u> | | a. STATE <u>Mo</u> | | b. COUNTY <u>Phelps</u> | |
| c. LENGTH OF STAY (in this place) <u>60 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. James, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>0810</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K</u> | | | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Nette</u> | | b. (Middle) <u>J.</u> | | c. (Last) <u>Fawler</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-11, 1952</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>July 5, 1896</u> | | 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 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 | | 11. BIRTH PLACE (State or foreign country) <u>Freeburg, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Cross</u> | | 13b. MOTHER'S MAIDEN NAME <u>Paula Snow</u> | | 14. NAME OF HUSBAND OR WIFE <u>Thos J. Fowler</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Eider = daughter - Owensville</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | ANTECEDENT CAUSES (b) <u>Generalized Arteriosclerosis</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>Senility</u> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | | | | | | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4200 | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 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>6/7, 1951</u> to <u>Feb 11, 1952</u> , that I last saw the deceased alive on <u>Feb 7, 1952</u> and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Adm. J. P. Smith M.D.</u> | | | | 23b. ADDRESS <u>St. James, Mo</u> | | 23c. DATE SIGNED <u>2/13/52</u> | |
| 24a. BURIAL-CREMA-TION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 13, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. James, Mo.</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb. 29-52</u> | | REGISTRAR'S SIGNATURE <u>253- C. E. Birmingham</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orval E. Liebler - St. James Mo</u> | | | |

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

County File Number _____
Date Filed 3-4-52

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Orville E. Lieblich*

Licensed Embalmer No. 3544

P. O. Address St James 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.