

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19973

State File No. ....

FILED JUL 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 43

0331

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

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural Springcreek typ</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Xxxxxx Salem Mo</b>		c. LENGTH OF STAY (in this place) <b>yr's</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X</b>		d. STREET ADDRESS (If rural, give location) <b>So. Salem Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Fowler</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6/26/52</b>
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5. SEX <b>male ( )</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 22 1875</b>	9. AGE (In years) (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	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) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Washington Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>Mo</b>
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13a. FATHER'S NAME <b>Isaac Fowler</b>	13b. MOTHER'S MAIDEN NAME <b>Lousanna Duncan</b>	14. NAME OF HUSBAND OR WIFE <b>Nancy Fowler</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Guy Fowler</b>	ADDRESS <b>Salem Mo</b>
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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 <b>immediate</b>  <b>6 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary artery disease</b> DUE TO (b) 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	19b. MAJOR FINDINGS OF OPERATION. <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1940, 1940, to 6-26-52, 1952, that I last saw the deceased alive on 6-1-52, 1952, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jos. D. Lindholm</b>	(Occupation or title) <b>Dr. 2</b>	23b. ADDRESS <b>Salem Mo</b>	23c. DATE SIGNED <b>6-29-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial ( )</b>	24b. DATE <b>6/29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dadar Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Salem Mo</b>
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DATE REC'D BY LOCAL REG. <b>7-1-52</b>	REGISTRAR'S SIGNATURE <b>M. M. Hart, Jr. by Mrs</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl D. Spencer</b>	ADDRESS <b>Salem Mo</b>
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**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 \_\_\_\_\_

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....  
Signed Carl H. Gerner

Licensed Embalmer No. 370

P. O. Address Bellevue 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.