

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Wakeman
State File No. 20099

0396

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

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 608

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN 0396	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 839 1/2 MT. VERNON		d. STREET ADDRESS (If rural, give location) 839 1/2 MT. VERNON	
3. NAME OF DECEASED a. (First) BERTIE b. (Middle) V. c. (Last) FOWLER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 19, 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 29 1857
9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME	11. BIRTHPLACE (State or foreign country) PLEASANT HOPE, MO. 0
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gideon Fullerton		13b. MOTHER'S MAIDEN NAME Rebecca (Unknown)	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME MRS. HIRAM CHINN ADDRESS SPRINGFIELD, MO.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture hip 1949.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222F	
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 March , 19 52 , to June 19 , 19 52 , that I last saw the deceased alive on June 19 , 19 52 , and that death occurred at 11 30 m., from the causes and on the date stated above.			
23a. SIGNATURE J. Newton Wakeman M.D. (Degree or title)		23b. ADDRESS Springfield Mo	23c. DATE SIGNED 6-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 22, 1952	24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
DATE REC'D BY LOCAL REG. 6-23-52	REGISTRAR'S SIGNATURE Edith Wilkerson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.	

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 Embalmer No.

Signed _____

Levin J. Swadley

Signed.....
Student Embalmer

Licensed Embalmer No. 4875

P. O. Address Springfield

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.