

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33876

State File No. ....

FILED OCT 9 1952

BIRTH NO. 106247 REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 52

950  
1

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

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>		
b. CITY OR TOWN <u>MINNITH</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN <u>MINNITH MO 07514</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MINNITH MO</u>			d. STREET ADDRESS (If rural, give location) <u>MINNITH MO</u>		

3. NAME OF DECEASED a. (First) <u>MICHAEL WAYNE</u> b. (Middle) <u>FOWLER</u> c. (Last) <u>FOWLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 30 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT 29 1952</u>	9. AGE (In years last birthday) <u>2</u>	10. MONTHS <u>1</u> 11. DAYS <u>3</u> 12. HOURS <u>50</u> 13. MIN. <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MINNITH MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CHARLES FOWLER</u>	13b. MOTHER'S MAIDEN NAME <u>BETTY JUNE STONELY</u>	14. NAME OF HUSBAND OR WIFE
------------------------------------------	-----------------------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Russel Stobely</u> ADDRESS <u>Minneith Mo</u>
--------------------------------------------------------------------------------------------------------------------	-------------------------	------------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	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) (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 Sept 29, 1952, to Sept 30, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Rb. Lansing M.D.</u> (Degree or title)	23b. ADDRESS <u>Ste. Genevieve Mo</u>	23c. DATE SIGNED <u>10/1/52</u>
----------------------------------------------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MINNITH Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>MINNITH MO</u>
---------------------------------------------------------	--------------------------	--------------------------------------------------------	-----------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>10-1-52</u>	REGISTRAR'S SIGNATURE <u>Teresa M. Karl</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo C. Bask</u> ADDRESS <u>Ste. Genevieve Mo</u>
-----------------------------------------	---------------------------------------------	--------------------------------------------------------------------------------------

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leoc. Basler

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.