

FILED NOV 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41396**

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6280** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hart		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hart	
c. LENGTH OF STAY (In this place) 3 months		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1/2 Mile South of Hartville	

3. NAME OF DECEASED (Type or Print) a. (First) R b. (Middle) W c. (Last) Fowler			4. DATE OF DEATH (Month) (Day) (Year) 11-10-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-22-1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LUCY FOWLER	
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 ADDRESS H.F. Fowler Niagara 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accidental Drowning		
	DUE TO (c) E9290 22		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) About home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hartville Wright MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-10-1952 4:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental Drowning	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James Bokes acting Coroner		23b. ADDRESS Hartville, Missouri		23c. DATE SIGNED Nov 19, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-14-1952		24c. NAME OF CEMETERY OR CREMATORY Baptist Hill	
24d. LOCATION (City, town, or county) (State) Near Bakersfield MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miss E. Halder Hartville MO			
DATE REC'D BY LOCAL REG. 11-21-52		REGISTRAR'S SIGNATURE B. Garner 346-0			

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

1140

WRIGHT CO. HEALTH DEPT.
County File Number 1152-131
Date Filed 11-22-52

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ellen A. Williams

Licensed Embalmer No. #651

P. O. Address Hartsville 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.