

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42985

State File No. \_\_\_\_\_

No. 200  
10.48 FILED DEC 31 1952

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>1 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>405 E. 18th St. 0782</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 WARD</u>				d. STREET ADDRESS (If rural, give location) <u>405 E. 18th St. 0782</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>HONEY</u> c. (Last) <u>FOWLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19, 1952</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-28-1899</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>21</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>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas Fowler</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Crowl</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Fowler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Opal Brown - St. Louis, Mo</u>			
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) <u>Gun shot wound in head</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 976 X</u>					INTERVAL BETWEEN ONSET AND 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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <u>Public Store</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville, Pemiscot, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-19-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James A. Dobson<sup>3</sup> Coroner</u>				23b. ADDRESS <u>Wardell, Mo.</u>		23c. DATE SIGNED <u>12-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/23/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>INGRAM CEMETARY</u>		24d. LOCATION (City, town, or county) (State) <u>MAYNARD ARKANSAS</u>		
DATE REC'D BY LOCAL REG. <u>12-30-1952</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Melko</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>La Forge Undert. Co. Caruthersville Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

782  
3

12-384-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 30 1952  
FEB 20 1958

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 Charles E. Mungler  
Licensed Embalmer No. 48770

P. O. Address Caruthersville, 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.