

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **285**
Registrar's No. **167**

FILED FEB 9 1953 REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Bushanan.</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>St. Joseph</i>		c. LENGTH OF STAY (In this place) <i>1 1/2 yrs - 5 1/2 days</i>		c. CITY OR TOWN <i>Little Blue, 7600</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 2.</i>		d. STREET ADDRESS (If rural, give location) <i>County House, 1</i>			
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>JETTIE</i>			b. (Middle) <i>—</i>		
c. (Last) <i>FOWLER.</i>			Date: <i>2-4-1953</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>5-22-1899</i>	9. AGE (In years last birthday) <i>53</i>	10. UNDER 1 YEAR (Months) <i>8</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	11. BIRTHPLACE (State or foreign country) <i>Lawson, Missouri.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Constantine J. Fowler</i>		13b. MOTHER'S MAIDEN NAME <i>Josephine Bow.</i>		14. NAME OF HUSBAND OR WIFE <i>—</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>None.</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Foley Fowler - 1227 Drury Ave. Kansas City Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>		II. OTHER SIGNIFICANT CONDITIONS <i>4221.</i>			<i>?</i>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			<i>?</i>
DUE TO (b) <i>Arterio-sclerosis</i>		DUE TO (c) <i>—</i>			<i>?</i>
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) m.		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 <i>8-25-1952</i>, to <i>2-4-1953</i>, that I last saw the deceased alive on <i>2-4-</i>, 1953, and that death occurred at <i>10:00 p.m.</i>, from the causes and on the date stated above.					
23a. SIGNATURE <i>Harriet Thomas.</i>		23b. ADDRESS <i>State Hospital No. 2, St. Joseph Mo.</i>		23c. DATE SIGNED <i>2-4-1953</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removed</i>		24b. DATE <i>2-5-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Stine & McClure.</i>	
24d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Stine and McClure. K.C. Mo</i>			
DATE REC'D BY LOCAL REG. <i>Feb 5, 1953</i>		REGISTRAR'S SIGNATURE <i>Carl C. Casper</i>		ADDRESS <i>496</i>	

MAR 7 1953

FEB 25 1953

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.....
Student Embalmer

Signed J. L. Walton

Licensed Embalmer No. 2744

P. O. Address K. E. 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.