

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4970
State File No. _____
Registrar's No. 831

FILED MAR 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Ark.</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo</u>		c. LENGTH OF STAY (in this place) <u>3 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Maynard</u>		8030
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>217 Lexington St.</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>	b. (Middle) <u>Riley</u>	c. (Last) <u>Fowler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>unwedded</u>	8. DATE OF BIRTH <u>March 22, 1874</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas W. Fowler</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Berry Mary Fane Larkin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.C. Fowler Poplar Bluff</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Septicemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <u>Infection of Pelvic area 2 wks</u>				
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unhygienic conditions</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177X</u>				
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 <u>June 15, 1923</u> , to <u>Feb. 27, 1953</u> , that I last saw the deceased alive on <u>Feb. 26, 1953</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Burton</u>		23b. ADDRESS <u>Poplar Bluff</u>		23c. DATE SIGNED <u>2-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>March 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>Randolph Co. Ark.</u>		
DATE REC'D BY LOCAL REG. <u>2-27-53</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M.C. McNabb Pasadena Ark.</u>	

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

RECEIVED

MAR 9 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-120

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.....

Jerry Crawns
.....
working under my personal supervision.

Student Embalmer No. ~~992~~

Student
Student Embalmer

Signed *Jerry Crawns*
.....
Licensed Embalmer No. 992

P. O. Address *Pecahontee, Ark*

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.