

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15394

State File No. ....

FILED MAY 5 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 126

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington Rural St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City 6001</u>	
c. LENGTH OF STAY (In this place) <u>2Y;11M;10D</u>		d. STREET ADDRESS (If rural, give location) <u>2302 Fayette Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GRACE</u>	b. (Middle) <u>AMANDA</u>	c. (Last) <u>FWOYLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 23, 1887</u>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>65 7 13</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife and church</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>secretary</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Oscar Hugh Lee Cunningham</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Legate</u>	14. NAME OF HUSBAND OR WIFE <u>Charles A. Fowler</u>
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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. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 das.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia, - - - - - Abt.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Senility.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>Psychosis with cerebral arteriosclerosis.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 26, 1953, to April 6, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 7:50Am., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Brennan, M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>4-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Maynard, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>April 6, 1953</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McNabb</u> ADDRESS <u>Pocahontas, Arkansas</u>
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(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*C. A. Cozart*

Licensed Embalmer No. 4084

P. O. Address Hampton Va.

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.