

STANDARD CERTIFICATE OF DEATH

State File No. 8184

FILED AUG 26 1953

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenbrier		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenbrier 1030			
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar bluff Hosp.				d. STREET ADDRESS (If rural, give location) Poplar Bluff Mo,			
3. NAME OF DECEASED (Type or Print) a. (First) Elsie		b. (Middle) M.		c. (Last) rowler		4. DATE OF DEATH (Month) (Day) (Year) 8 6 53	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 6 1886	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 1 Days		IF UNDER 24 HRS. Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (State or foreign country) Bollinger Co Mo,		12. CITIZEN OF WHAT COUNTRY? C	
13a. FATHER'S NAME Edward Baker			13b. MOTHER'S MAIDEN NAME Katherine Shelton			14. NAME OF HUSBAND OR WIFE Thomas J. Fowler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Othella Tanner Puxico 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 8-4 , 1953 , to 8-6 , 1953 , that I last saw the deceased alive on 8-6 , 1953 , and that death occurred at 7:10 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. H. Henrichsen, M.D. (Degree or title)				23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 8-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 7 53		24c. NAME OF CEMETERY OR CREMATORY Greenbrier		24d. LOCATION (City, town, or county) (State) Greenbrier Mo,	
DATE REC'D BY LOCAL REG. 8/20/53		REGISTRAR'S SIGNATURE G. N. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service		ADDRESS Puxico Mo	

489-0

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 24 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Walter Marsh Watkins

Licensed Embalmer No. 4217

P. O. Address Jester, 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.