S. No. 300
v. 10.48

FILED JAN 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42114

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1352

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Abt. 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1315 Boyd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1315 Boyd St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): STANDISH
c. (Last): FOWLES

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: July 7, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Wyeth Co.
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale
11. BIRTHPLACE (State or foreign country): Jasper County Iowa 1
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Alvin Fowles
13b. MOTHER'S MAIDEN NAME: Alice Dunn
14. NAME OF HUSBAND OR WIFE: Lottie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 491-09-0991
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lottie Fowles St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None Known
DUE TO (c): No

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation 410 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No Injury
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1953 (25), *to* December, 1953 (26), *that I last saw the deceased alive on* Dec. 26, 1953, *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Elliott M.D. 9
23b. ADDRESS: 801½ Francis St., St. Joseph, Mo.
23c. DATE SIGNED: 12/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: Dec 31, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison Inez P. Belmont Dep. Reg.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Stamey Funeral Home St. Joseph Mo

485-0

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E. Bennett

Signed _____
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.