

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3568

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 4475		Registrar's No. 11	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Saline		c. LENGTH OF STAY (in this place) 15 Yrs.		a. STATE Missouri		b. COUNTY Saline 0970	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Malta Bend, Mo.		c. CITY OR TOWN Malta Bend, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 65 in Malta Bend, Mo. No House Number				STREET ADDRESS (If rural, give location) Highway 65 in Malta Bend, Mo. No House Number			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Purdy		b. (Middle) -	c. (Last) Fowler		Date (Month) (Day) (Year) Jan. 18 1955		Male <input checked="" type="checkbox"/>
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 3-1860		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR 10 Months 15 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Farm Work-Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jackson Co. Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Fowler		13b. MOTHER'S MAIDEN NAME Rachel Saddler		14. NAME OF HUSBAND OR WIFE Sarah S. Scott Fowler			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lawrence Hellums-Marshall, 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) <i>Respiratory arrest</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Immaturity of age</i> 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 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) 794 X			
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 1948 to 1-18, 1955, that I last saw the deceased alive on 1-17, 1955, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Erwin Blue</i>		(Degree or title) Medical Examiner		23b. ADDRESS Boliver, Mo.		23c. DATE SIGNED 1-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/21/55		24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) L5-Mi North of Boliver, Mo.	
DATE REC'D BY LOCAL REG. Jan. 20-55		REGISTRAR'S SIGNATURE Ceil S. Neal Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Erwin-Blue Funeral Home-Boliver, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 27 1909

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.....
Signature of Student Embalmer

Signed..... *J. Lealia Sussney*

Licensed Embalmer No..... *323*

P. O. Address *Marble*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.