

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4120**

FILED MAR 14 1955

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **144**

1. PLACE OF DEATH
a. COUNTY **Cape Girardeau Co**
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Cape Gir**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cape Girardeau Mo.** c. LENGTH OF STAY (In this place) **33 yr**
c. CITY OR TOWN **Cape Girardeau** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Family Home** STREET ADDRESS (If rural, give location) **1227 N Spanish** **01640**

3. NAME OF DECEASED (Type or Print) a. (First) **Amanda** b. (Middle) **Irene** c. (Last) **Fowler** 4. DATE OF DEATH (Month) (Day) (Year) **Mar 5 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept 11 1880** 9. AGE (In years last birthday) **74** IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) **5 24**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **Graasy Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **John Robins** 13b. MOTHER'S MAIDEN NAME **Amanda Cooper** 14. NAME OF HUSBAND OR WIFE **Pinkney Fowler Cape Gir**

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 **Mr Pinkney Fowler Cape Gir Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonitis** INTERVAL BETWEEN ONSET AND DEATH **10 da**
ANTECEDENT CAUSES DUE TO (b) **Pneumococcus** ✓
DUE TO (c) **Chronic Bronchitis** **2 yrs.**
II. OTHER SIGNIFICANT CONDITIONS **Senility** **5 yrs.**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **5021**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **1946**, 19____, to **3/5**, 19**55**, that I last saw the deceased alive on **3/4**, 19**55**, and that death occurred at **4:00 a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. W. Sumner D.O.** 23b. ADDRESS **Cape Girardeau Mo** 23c. DATE SIGNED **3/5/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Mar 7 1955** 24c. NAME OF CEMETERY OR CREMATORY **Fairmount** 24d. LOCATION (City, town, or county) (State) **Cape Gir. Mo.**

DATE REC'D BY LOCAL REG. **3-9-55** REGISTRAR'S SIGNATURE **C. C. Sumner** 44-25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. H. Estes Cape Gir Mo.**

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

MAR 18 1960

VS
MAR 18 1960

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..... *W. H. Estee*

Licensed Embalmer No. *356*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.