

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4837

State File No. 880

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
James W. Fowler

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Florida b. COUNTY Manatee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City		c. LENGTH OF STAY (in this place) 4 MONTHS	c. CITY OR TOWN Bradenton
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MARYS REST HOME 3215 Campbell		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location)		80908	

3. NAME OF DECEASED a. (First) Edwin b. (Middle) S c. (Last) HARTER			4. DATE OF DEATH (Month) (Day) (Year) FEB 25, 1955		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 6, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Board of Health		10b. KIND OF BUSINESS OR INDUSTRY OF INDIANA	11. BIRTHPLACE (City and State or Foreign Country) BARKE County, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DAVID	13b. MOTHER'S MAIDEN NAME HARTER ISABELLE NISWONGER	14. NAME OF HUSBAND OR WIFE MRS CARRIE HARTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME MRS NEWELL SCHAPER 5707 Highland Ave
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition		6 Mo S.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		3 YRS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mild uremia		4500	
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) (Min.)	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 **Nov**, 1954, to **FEB**, 1955, that I last saw the deceased alive on **FEB 24**, 1955, and that death occurred at **10:35p. m.**, from the causes and on the date stated above.

23a. SIGNATURE James W. Fowler M.D. (Degree or title)	23b. ADDRESS 609 PROFESSIONAL BLDG; KANSAS CITY, Mo.	23c. DATE SIGNED FEB 26, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE FEB-26-1955	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) GREENVILLE OHIO
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DATE REC'D BY LOCAL REG. 2-26-55 neva Marshall	REGISTRAR'S SIGNATURE neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS 1331 BRUSH CREEK BLVD	ADDRESS K.C. MO.
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Ben Gordon J. Gordon

number

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 *Reenie Kessel*

Licensed Embalmer No. *469*

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