

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9164**

FILED MAR 22 1955

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5989** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam 0860	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Livonia /		c. LENGTH OF STAY (In this place) 60 yrs	c. CITY OR TOWN LIVONIA
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION town		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) TOWN	

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) Fowler c. (Last) Fowler			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1866-10-5	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 4 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Keeping Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Hodges C. Cullum	13b. MOTHER'S MAIDEN NAME Metilda Beard	14. NAME OF HUSBAND OR WIFE Finis D. Fowler Dec.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Verna Timmons ADDRESS Livonia Mo
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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, asphyxia, 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) Cerebral hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331X
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 **Feb 11, 1955**, to **Feb 12, 1955**, that I last saw the deceased alive on **Feb 11, 1955**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.W. McDonald	23b. ADDRESS 202 Unionville Mo	23c. DATE SIGNED 2-17-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 13-1955	24c. NAME OF CEMETERY OR CREMATORY St John Cem
		24d. LOCATION (City, town, or county) (State) Livonia Putnam Co Mo

DATE REC'D BY LOCAL REG. 3-19-55	REGISTRAR'S SIGNATURE Marcell Durbin	25. FUNERAL DIRECTOR'S SIGNATURE J.O. Husted ADDRESS Unionville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 21 1956

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.....
Paul E. Huster

Licensed Embalmer No.....
35

P. O. Address.....
Unionville

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.