

14860

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 6 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>		
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>	c. CITY OR TOWN <u>CHAFFEE</u>		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 <u>ST. FRANCIS HOSPITAL</u>			STREET ADDRESS (If rural, give location) <u>415 BLACK AVE.</u> <u>100/1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>OSCAR</u> c. (Last) <u>FOWLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30, 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 1, 1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION HAND (RET.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK FOWLER</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA CLUBB</u>		14. NAME OF HUSBAND OR WIFE <u>MINTA MYRTLE FOWLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-12-3879</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MINTA FOWLER - CHAFFEE, MO.</u>		
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) <u>Perforated peptic ulcer</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>5401</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Artery Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  <u>6 months</u>
19a. DATE OF OPERATION <u>5-28-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Perforated Peptic Ulcer</u>				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)		
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 <u>5-27</u> , 19 <u>55</u> , to <u>5-30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>55</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. O. L. Bealough MD</u> (Degree or title)		23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>6-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-3-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BALCH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GREENBRIER, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>6-2-55</u>	REGISTRAR'S SIGNATURE <u>W. C. Summers</u> <u>44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. C. Biplinghoff - CHAFFEE, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1901 97 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Jack J. Swinett*

Licensed Embalmer No. *49*  
P. O. Address *Chaffee*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.