

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28893

FILED SEP 27 1955

State File No. _____
Registrar's No. 75

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024

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| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY OR TOWN <u>Cassville</u> | | c. CITY OR TOWN <u>Cassville</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u> | | | |
| e. STREET ADDRESS (If rural, give location) <u>Mineral Springs Twp 00-540</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>CLARA</u> | a. (First) | b. (Middle) | c. (Last) <u>FOWLER</u> | 4. DATE OF DEATH <u>SEPT. 19, 1955</u> |
| | | | | (Month) (Day) (Year) |

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| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 29, 1902</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Albert Jackson Horner</u> | 13b. MOTHER'S MAIDEN NAME <u>Ada Henson</u> | 14. NAME OF HUSBAND OR WIFE <u>Monroe Fowler</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Estel Horner, Tulsa, Oklahoma</u> | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> | | 5 years |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | |
| DUE TO (c) <u>Chronic Nephritis</u> | | 5 ✓ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Sept. 18, 1955, to Sept. 19, 1955, that I last saw the deceased alive on Sept. 19, 1955 and that death occurred at 5:20 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. E. McDaniel M.D.</u> (Degree or title) | 23b. ADDRESS <u>Cassville, Mo</u> | 23c. DATE SIGNED <u>9-21-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-21-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Springs Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>9-23-55</u> | REGISTRAR'S SIGNATURE <u>Mary McDonald</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Neubert</u> ADDRESS <u>Cassville, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 955-339

DATE REC. 9-26-55

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 D. Henbest

Licensed Embalmer No. 45

P. O. Address Cassville

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.