

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34743

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9154**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1120 North 8th st.		e. STREET ADDRESS (If rural, give location) 25 1120 North 8th st.	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) THOMAS	c. (Last) FOWLER	4. DATE OF DEATH (Month) (Day) (Year) 10-20-55
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-25-1894	9. AGE (In years last birthday) 61	f UNDER 1 YEAR Months	g UNDER 2 WKS. Days	h Hours	i Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) janitor	10b. KIND OF BUSINESS OR INDUSTRY Packing House	11. BIRTHPLACE (City and State or Foreign Country) Alabama	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Fowler	13b. MOTHER'S MAIDEN NAME Lizzie Ashmore	14. NAME OF HUSBAND OR WIFE Margie Fowler
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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. 18-28-0489	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margie Fowler, 1120 N. 8th st.
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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) Coronary Heart Failure; Left Ventricular Hypertrophy; Pulmonary Emphysema; Atelectasis Left Lung		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 527.1	20. AUTOPSY? YES <input checked="" 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 A.** m., from the causes and on the date stated above.

23a. SIGNATURE James M. Kelly	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 10-21-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Winfield, Alabama
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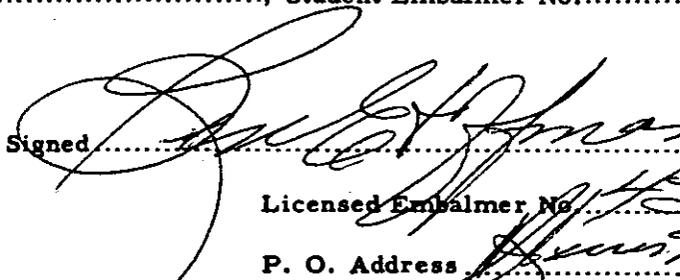
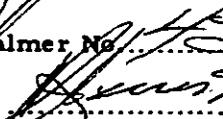
DATE REC'D BY LOCAL REG. OCT 20 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LaForge, Caruthersville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....
Licensed Embalmer No.....
P. O. Address .....

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.