

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36087**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>7</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ripley</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>			c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Naylor, Mo.</b>			<b>910</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Brandon</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah Jane</b>		b. (Middle) <b>Fowler</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15, 1955</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 19, 1878</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Christian Co. Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John McMullian</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Kennedy</b>		14. NAME OF HUSBAND OR WIFE <b>James W. Fowler</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Homer Fowler Naylor Mo</b>			
18. CAUSE OF DEATH Enter only the cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular Failure</b>					INTERVAL BETWEEN ONSET AND DEATH
		ANCECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b>					?
		DUE TO (c) <b>Hypertension</b> <b>447X</b>					?
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition and senility</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (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 <b>11-14-1955</b> , to <b>11-15-1955</b> , that I last saw the deceased alive on <b>11-15-1955</b> , and that death occurred at <b>6:30a m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. J. Brandon, M.D.</b>				23b. ADDRESS <b>1124 N. Main, Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>11-16-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 18/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gum</b>		24d. LOCATION (City, town, or county) (State) <b>Ripley Co. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>11/19/55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McCord-Gish</b>		ADDRESS <b>Naylor, Mo.</b>	

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

RECEIVED

NOV 21 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JAN 4 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.

Signed Dylan McCord

Student .....  
Student Embalmer

Licensed Embalmer No. 4079

P. O. Address Wagoner, 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 this body is not embalmed, fact should be so stated above.