

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1956

0970
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Ralls,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls,			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jasper Township		c. LENGTH OF STAY (In this place) 40Yrs		c. CITY OR TOWN Jasper Township.		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 R.F.D? Vandalia, Mo.				e. STREET ADDRESS (If rural, give location) R.F.D. Vandalia, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) F. c. (Last) Fowler.			4. DATE OF DEATH (Month) (Day) (Year) Sept 15, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 12, 1893		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 0 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George W. Winders		13b. MOTHER'S MAIDEN NAME Anna A. Babb.		14. NAME OF HUSBAND OR WIFE Sherman Fowler.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No-		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Sherman Fowler Vandalia, Mo.			
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) adenocarcinoma orary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X				INTERVAL BETWEEN ONSET AND DEATH 9 months	
19a. DATE OF OPERATION Jan 56.		19b. MAJOR FINDINGS OF OPERATION adenocarcinoma orary c metastases				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) _____		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 Aug 1953 , 19__ to Sept 15, 1956 , that I last saw the deceased alive on Sept 15, 1956 , and that death occurred at 5:00 PM. , from the causes and on the date stated above.							
23a. SIGNATURE Ernest W. Perry M.D. (Degree or title)				23b. ADDRESS Vandalia, Missouri.		23c. DATE SIGNED 9-17-1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-1956	24c. NAME OF CEMETERY OR CREMATORY Evergreen Memorial		24d. LOCATION (City, town, or county) (State) Vandalia, Missouri.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 9-17-1956		REGISTRAR'S SIGNATURE Clyde R. Wiering		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clyde R. Wiering Perry, Mo.			

APR 15 1954

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 *Clyde C. Wilkey*
Licensed Embalmer No.....3820

P. O. AddressPerry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.