

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14287

STATE FILE NUMBER

FILED APR 24 1957

Registration District No. 294 Primary Registration District No. 305-6 Registrar's No. 88

Health, Welfare & Public Service
300 1-56
All No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
269

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Moberly</u> | | 0883 0 | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>421 W. Kinley</u> | | | Length of stay in lb <u>4 years</u> | d. STREET ADDRESS (If outside, give location) <u>421 W. Kinley</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>EDWARD RICE FOWLER</u> <small>First Middle Last</small> | | | | 4. DATE OF DEATH <u>April-11-1957</u> <small>Month Day Year</small> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aut-18-1883</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months Days Hours Mins. | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer (Retired)</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island RR</u> | 11. BIRTHPLACE (City and state or country) <u>Andrain Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>James L. Fowler</u> | | | 14. MOTHER'S MAIDEN NAME <u>Rebecca Hamilton</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>708-16-4014</u> | 17. INFORMANT <u>Lily Fowler Moberly Mo</u> <small>Address</small> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Approximately</u> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>1955</u> to <u>1957</u> and last saw ^{him} her alive on <u>Jan 1957</u> Death occurred at <u>7:35 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Will Lewis</u> (Degree or title) | | | | 22b. ADDRESS <u>Moberly Mo</u> | | 22c. DATE SIGNED <u>April 13 57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>April 13 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Moberly Missouri</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u> <small>ADDRESS</small> | | | 25. DATE REGD. BY LOCAL REG. <u>4-13-57</u> | 26. REGISTRAR'S SIGNATURE <u>Calvin Lowe</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1957

SEP 26 1958

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 *Jerry R. Cater*.....
Licensed Embalmer No. *4901*

P. O. Address *Moberly 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.