Health, Welfare Public Service

300 -57

FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004879
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lathrop — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓ — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clinton
c. CITY OR TOWN Lathrop 025 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Fred Middle: D. Last: Fowler
4. DATE OF DEATH Month: Feb. Day: 18 Year: 1958
5. SEX M.
6. COLOR OR RACE wh
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Mar. 18-1878
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ray Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Michael Fowler
13b. MOTHER'S MAIDEN NAME Elvira Moss
14. NAME OF HUSBAND OR WIFE Flora A. Fowler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Cliff Fowler — Address Polo Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Decompensation — 6 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 15 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 August 1956, to Feb. 1958 and last saw ~~her~~ him alive on 2-18-58
Death occurred at 5 P.M. p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred Warren (Degree or title) D.O.
22b. ADDRESS LATHROP, MO.
22c. DATE SIGNED 2-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-20-1958
23c. NAME OF CEMETERY OR CREMATORY Cowgill
23d. LOCATION (City, town, or county) (State) Cowgill Mo

24. FUNERAL DIRECTOR Alspaugh + Cowley — ADDRESS Polo Mo
25. DATE RECD. BY LOCAL REG. 3-4-58
26. REGISTRAR'S SIGNATURE Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

Cause, Conditions, etc. must use only standard terminology. Use only one cause per line for 18a, 18b, 18c. All diseases in Part I must be causally related.

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 Erwin L. Moorlock

Licensed Embalmer No. 4924

P. O. Address Polo, 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.