

Health, Welfare, Public Service

THE DIVISION OF HEALTH AND HIGIENE  
STANDARD CERTIFICATE OF DEATH

58-005505  
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 554

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3100 PASEO</b>		Length of stay in lb <b>44 hr.</b>	d. STREET ADDRESS (If outside, give location) <b>3100 PASEO</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle <b>Goldie</b> Last <b>Fowler</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>1</b> Year <b>1958</b>		
5. SEX <b>FE.</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 4, 1903</b>	9. AGE (In years last birthday) <b>54.53</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DEPT. STORE</b>	11. BIRTHPLACE (City and state or country) <b>KANSAS City, KANS.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Sherim Zaring</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MELVIN W. FOWLER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-05-6443</b>	17. INFORMANT Address <b>MELVIN W. FOWLER 3100 PASEO</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 HRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CORONARY THROMBOSIS</b>					<b>2 HRS.</b>
DUE TO (c) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b>					<b>2 YRS.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>LEFT VENTRICULAR FAILURE</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <b>5-22-57</b> to <b>2-1-58</b> and last saw her alive on <b>2-1-58</b> Death occurred at <b>3:20 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or title) <b>James W. Fowler, M.D.</b>			22b. ADDRESS <b>1103 GRAND AVE. KANSAS CITY, MO.</b>		22c. DATE SIGNED <b>2-1-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>FEB. 3, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MAPLE HILL CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS City, KANS.</b>	
24. FUNERAL DIRECTOR <b>GATES FUNERAL HOME, K. C., KANS.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-3-58</b>		26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>

All diagnoses in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

James W. Fowler



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 *Murray Wilson* .....

Licensed Embalmer No. *4989* .....

P. O. Address *Shawnee, Ka* .....

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.