Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017834
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 569

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Hosp. — Length of stay in 1b: 1 hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dallas
c. CITY OR TOWN Buffalo 030 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 0 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First James Middle Albert Last Fowler

4. DATE OF DEATH Month May Day 31 Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH Aug. 24, 1910

9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR: Months 9 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Urbana, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Albert Fowler

13b. MOTHER'S MAIDEN NAME Lillie Simmons

14. NAME OF HUSBAND OR WIFE Ruby Fowler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 500-10-1087

17. INFORMANT Homer Fowler — Address Buffalo, 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).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Depressed skull fracture & crushed left side of chest — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hours
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)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) car wreck - thrown from car to Hwy

20c. TIME OF INJURY Hour — p.m. Month, Day, Year 5-31-58 — 5-31-58 3:00 (+ or -)

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy #65 near Buffalo

20f. CITY, TOWN, OR LOCATION Buffalo — COUNTY Dallas 030 — STATE Mo

21. I attended the deceased from 4:00 P.M. 5/31/58 — and last saw her/him alive on 5-31-58
Death occurred at App at 4:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. L. Gentry M.D. 0

22b. ADDRESS Medical Bldg. Spfd. Mo

22c. DATE SIGNED 6-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/2/1958

23c. NAME OF CEMETERY OR CREMATORY Hopewell Cem.

23d. LOCATION (City or town, county) Dallas Co. (State) Mo.

24. FUNERAL DIRECTOR Montgomery Funeral Home — ADDRESS Buffalo, Mo.

25. DATE RECD. BY LOCAL REG. 6-6-58

26. REGISTRAR'S SIGNATURE Effie G. Melton

(Instructions for Registrar's Signature on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Miss

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.