

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045318

STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 474

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Desloge |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Turpin Nurs. Home | | Length of stay in 1b 1 Year | d. STREET ADDRESS (If outside, give location) 0746^e |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Lena Middle Elizabeth Last Fowler | | | 4. DATE OF DEATH Month Dec. Day 22 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 11 1877 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 0 Days 0 |
| 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 country) Weingarten, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Unknown | | | 14. MOTHER'S MAIDEN NAME Unknown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Turpin Nurs. Home Flat River, Mo | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardiac vessel disease | | INTERVAL BETWEEN ONSET AND DEATH unt |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ DUE TO (c) _____ | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chr. interstitial nephritis - scales | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 _____ a. m. _____ p. m. _____ | |

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|--|---|---|--------------------------|
| 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 Desloge Mo | COUNTY _____ STATE _____ |
| 21. I attended the deceased from May 1957 to 12-22-58 and last saw her alive on 12-27-58 Death occurred at 11:00 P on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE McKee M L (Degree or title) | 22b. ADDRESS Desloge Mo | 22c. DATE SIGNED 12-22-58 | |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/24/1958 | 23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery | 23d. LOCATION (City, town, or county) (State) Farmington, Mo. |
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| 24. FUNERAL DIRECTOR Boyer & Son Desloge, Mo | ADDRESS | 25. DATE RECD. BY LOCAL REG. Dec. 24, 1958 | 26. REGISTRAR'S SIGNATURE Ether Rudloff |
|--|---------|--|---|

Health, Welfare Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2-0

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 *B. T. Boyer*.....

Licensed Embalmer No. *364*

P. O. Address *Des Moines, Ia.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.