

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 4 1960

-60-034219

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 329

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CALLAWAY</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Length of stay in 1b <u>16 days</u>		c. CITY OR TOWN <u>HOLTS SUMMITT</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL COMMUNITY</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. #1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>Orville</u> Last <u>FOWLER</u>				4. DATE OF DEATH <u>SEP (9) - 27 - 1960</u>															
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-28-1886</u>		9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SELF-EMPLOYED SPRING GARDEN, Mo.</u>				11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>JAMES SHELBY Fowler</u>				13b. MOTHER'S MAIDEN NAME <u>Musick, Julia</u>				14. NAME OF HUSBAND OR WIFE <u>DELIAH Fowler</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>488-42-9398</u>				17. INFORMANT Address <u>MRS-John HAGER - JEFF CITY-Mo</u>											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH HAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory arrest</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, partial</u>										<u>2 wks</u>									
DUE TO (c) <u>asphyxiation</u>										<u>3 wks</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (State disease condition given in PART I (a)) <u>Hypertension, (Systolic)</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
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.) <u>Heart attack</u>															
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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>July 2/60</u> to <u>Sept 27</u> and last saw her <u>him</u> alive on <u>9-27-60</u> Death occurred at <u>9:40 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <u>Ernest C. Taylor</u> (Degree or title)				22b. ADDRESS <u>Jefferson City</u>				22c. DATE SIGNED <u>9-27-60</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/30/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>				23d. LOCATION (City, town, or county) <u>Jefferson City, Mo</u>											
24. FUNERAL DIRECTOR <u>Thorpe J Gordon, Jefferson City, Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>30 Sept - 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, Mo. Richter Dep</u>											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

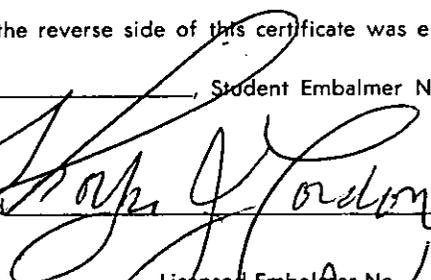
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

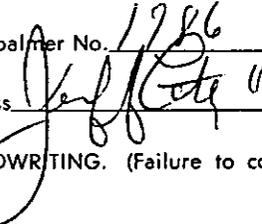
Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 1286

P. O. Address



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