

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046924

FILED VS JAN 9 1961

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 3 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		Length of stay in 1b		c. CITY OR TOWN <b>Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sale Memorial Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Neosho Twp.</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MELVIN</b> Middle <b>R.</b> Last <b>FOWLER</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>26</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/28/48</b>	9. AGE (last birthday) <b>12</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>In School</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>in School</b>		11. BIRTHPLACE (City and state or country) <b>Neosho Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Benjamin Joseph Fowler</b>			13b. MOTHER'S MAIDEN NAME <b>Ruby Spoon</b>		14. NAME OF HUSBAND OR WIFE		
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>None</b>		17. INFORMANT <b>Virgil Baumgarden</b> Address <b>Neosho Mo.</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>Meningitis - type undetermined -</b>						INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.)			
20c. TIME OF INJURY Hour <b>9:15 A.M.</b> Month, Day, Year <b>Dec 25 1960</b>		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 <b>Neosho Mo</b> COUNTY STATE	
21. I attended the deceased from <b>Dec 25 1960</b> to <b>Dec 26</b> and last saw him alive on <b>Dec 25 1960</b> Death occurred at <b>9:15 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>M. Carter MD</i> (Degree or title)				22b. ADDRESS <b>Neosho Mo</b>		22c. DATE SIGNED <b>12-30</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/28/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gibson</b>		23d. LOCATION (City, town, or county) <b>Neosho Missouri</b> (State)			
24. FUNERAL DIRECTOR <b>Thompson Funeral Home, Neosho Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>12-30-1960</b>	26. REGISTRAR'S SIGNATURE <i>Melvin C. Bowman MD</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*By RC*

**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 Jimmie C. Jobe, Student Embalmer No. 61

working under my personal supervision.

Student

Jimmie C. Jobe  
Signature of Student Embalmer

Signed

Blyde M. Danner

Licensed Embalmer No. 5065

P. O. Address Neosho, 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.