

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014012  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. \_\_\_\_\_ Registrar's No. 35

**FILED MAY 1 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rock Port</b>		c. CITY OR TOWN <b>Tarkio</b>	
Length of stay in lb <b>2 1/2 Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home Pleasant View Rest</b>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Isaac</b> Middle <b>F</b> Last <b>Fowler</b>			4. DATE OF DEATH Month <b>April</b> Day <b>17</b> Year <b>1962</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/24/1874</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>day labor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Mound City, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S</b>					

13a. FATHER'S NAME <b>Thomas Fowler</b>		13b. MOTHER'S MAIDEN NAME <b>Racheal Rodt</b>		14. NAME OF HUSBAND OR WIFE <b>A Annabelle</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>NONE</b>		17. INFORMANT Address <b>Mrs. Clifford Fowler Tarkio, 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) **terminal uremia**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **broncho pneumonia**

DUE TO (c) **arteriosclerotic cardiovascular disease**

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ 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 <b>Tarkio, Mo.</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>10/14/60</b> to <b>4/19/62</b> and last saw him alive on <b>4/16/62</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <b>Ed Niedemeyer, M.D.</b>	22b. ADDRESS <b>Tarkio, Mo.</b>	22c. DATE SIGNED <b>4/19/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>4/21/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Prarie Hille Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Tarkio, Mo.</b>
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24. FUNERAL DIRECTOR <b>Davis Funeral Home</b>	ADDRESS <b>Tarkio, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 24, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Madeline Schuchel, Reg. Rep.</b>
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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 Just A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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.