

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033419

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4512 Registrar's No. 62

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY Sullivan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Newtown Length of stay in 1b 10 yrs c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION village Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan c. CITY OR TOWN Newtown Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) village Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last Bernie Alonzo Fowler			4. DATE OF DEATH Month Day Year Aug. 10, 62				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-13-95	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days 2 27	IF UNDER 24 HR Hours Min. 2 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merch		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and state or country) Putnam Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Finis D. Fowler			13b. MOTHER'S MAIDEN NAME Lucy Cullum		14. NAME OF HUSBAND OR WIFE Chloe Fowler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Chloe Fowler-Newtown, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis - DUE TO (b) Glioma of rt. frontal lobe of brain DUE TO (c) Carcinoma of rt eye.		INTERVAL BETWEEN ONSET AND DEATH 1 yr 3 yrs 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
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"/> 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.)			
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>Dec 1, 1950</u> to <u>Aug 10, 62</u> and last saw him live on <u>Aug 10, 62</u> Death occurred at <u>12:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS Newtown Mo		22c. DATE SIGNED 8/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify) B.	23b. DATE 8-12-62	23c. NAME OF CEMETERY OR CREMATORY Newtown Cemetery		23d. LOCATION (City, town, or county) Newtown, Mo.	
24. FUNERAL DIRECTOR ADDRESS F.O. Husted & Son-Unionville, Mo.			25. DATE RECD. BY LOCAL REG. 8-11-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 10571
 2 1050
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 192X
 10
 11
 190-2
 132-0

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

AUG 24 1962

SEP 12 1962

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 Murl E. Husted

Licensed Embalmer No. 5304

P. O. Address Unionville, 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.