

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 145

DO NOT WRITE ON THIS STUB

9. 0
10a. 83
10b.
11. 0
12. 1
13. 4310
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0425

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0425

PARENTS

CAUSE

CERTIFIER

LOCAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. CHARLES MONTGONERY FOWLER		2. Male	3. June 20, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 83	5b.	5c.	6. Aug 23, 1885
7. Clinton		7a. Henry		
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Yes		7c. Clinton General Hospital		
8. Missouri	9. U.S.A.	10. Married	11. Bertha	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
12. 498-42-6681		13. Farming (Retired)		14. 108 E. Fairview
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)
15. Missouri Henry		16. Clinton		17. Yes
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
18. Charles F. Fowler		19. Mahala Ann Leonard		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
20. Mrs Bertha Fowler		21. 108 E. Fairview, Clinton, Mo. 64735		
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE				
(a) Cerebral Hemorrhage				2 hrs.
DUE TO, OR AS A CONSEQUENCE OF:				
(b) Hypertension				2 years.
DUE TO, OR AS A CONSEQUENCE OF:				
(c)				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
22.		23.	24.	25.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
26.		27.	28.	29.
CERTIFICATION—PHYSICIAN:		AND LAST SAW HIM/HER ALIVE ON	DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO CAUSE(S) STATED.
I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR	(HOUR)
30. July 3, 1967		31. June 20, 1968	32. June 20, 1968	33. 10:30 AM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DAY AND DUE TO THE CAUSE(S)		HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD	DATE SIGNED (MONTH, DAY, YEAR)
34. June 20, 1968		35. 10:30 P.M.	36. June 20, 1968	37. 6/21/68
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
38. Dr. R.S. Hollingsworth		39. Dr. R.S. Hollingsworth	40. Dr. P.	41. 6/21/68
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE	ZIP
42. 106 So. 3rd		43. Clinton Mo	44. Mo	45. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
46. Burial		47. Englewood	48. Clinton, Missouri	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
49. June 22, 1968		50. Consalus Funeral Home, 209 S. 2d St. Clinton, Mo 64735		
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
51. E.R. Consalus		52. Mildred Bigum	53. June 21, 1968	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Mrs Bertha Fowler
 108 W. Fairview, Clinton, Mo. 64732
 Charles F. Fowler
 108 W. Fairview, Clinton, Mo. 64732
 Henry Clinton
 Yes 108 W. Fairview
 Missouri
 U.S.A.
 Married
 Bertha
 Clinton
 Yes
 Clinton General Hospital
 White
 63
 Age 23, 1845
 Henry
 108 W. Fairview, Clinton, Mo. 64732

JAN 24 1960

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 Eugene R. Conner

Licensed Embalmer No. 4680
 P. O. Address Clinton, 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.

Permit Obtained 6-21-68

1118

June 22, 1968