

No. 300  
10.48

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9519

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RAY	
b. CITY OR TOWN RURAL	(If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN RURAL RICHMOND
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MI SOUTH RICHMOND		d. STREET ADDRESS (If rural, give location) 2 MI SOUTH RICHMOND	

3. NAME OF DECEASED (Type or Print) THOMAS BENTON FOWLER	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH MARCH 28 1952	(Month)	(Day)	(Year)
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBRUARY 27, 1981	9. AGE (In years last birthday) 71	if UNDER 1 YEAR Months 1	if UNDER 1 YEAR Days 1	if UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME ALLEN MILO FOWLER	13b. MOTHER'S MAIDEN NAME MAUDE HUNTER WILSON	14. NAME OF HUSBAND OR WIFE CLARA ALCORN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. CLARA FOWLER	ADDRESS RICHMOND
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Dr. John F. Baber, coroner	(Degree or title)	23b. ADDRESS Richmond, MO	23c. DATE SIGNED 3-29-52
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE MARCH 31, 1952	24c. NAME OF CEMETERY OR CREMATORY SUNNYSLOPE CEMETERY	24d. LOCATION (City, town, or county) (State) RICHMOND, MISSOURI
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DATE REC'D BY LOCAL REG. April 1 - 1952	REGISTRAR'S SIGNATURE M. J. Jackson 273	25. FUNERAL DIRECTOR'S SIGNATURE QUEST-LIFE FUNERAL HOME	ADDRESS RICHMOND, MO
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890  
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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 .....  
Student Embalmer

Signed *George H. [Signature]* \_\_\_\_\_

Licensed Embalmer No. 4066

P. O. Address *Richmond, Va.*

**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 this body is not embalmed, fact should be so stated above.