

FILED JUL 15 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20680

State File No.

5819

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital, D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 634 West Love. 2
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME David Arthur Bowen

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Adra Bowen 6. (c) Age of husband or wife if alive 12 years (Day) (Year)

7. Birth date of deceased February 12 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
34	4	17	hr.	min.

9. Birthplace Marcelene Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Trooper

11. Industry or business Highway Patrol

12. Name Arthur Bowen

13. Birthplace W. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Ada Hershey

15. Birthplace Sheridan Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Bowen

(b) Address 501 E. Santa Fe, Marcelene, Mo.

17. (a) Burial (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marcelene Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) JUN 29 1948 (b) J. J. Bradest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 24 1948 to June 29 1948
that I last saw him alive on June 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant teratoma (tumor) of mediastinum with metastases

Due to

Due to

Other conditions H18
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (c) Means of injury

23. Signature J. J. Bradest (M. D. or other)
Address Barnes Hospital Date signed

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

AUG 9 1948
AUG 11 1948
AUG 27 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John S. Kennedy*
Licensed Embalmer No. *4194*
P. O. Address.....

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.