

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7128

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bloomfield</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bloomfield</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>B</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>W.</u> c. (Last) <u>BOWLINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>July 8, 1891</u>		9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>		11. BIRTHPLACE (State or foreign country) <u>Stoddard Co. Mo. U.S.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>David Calloway Bellinger</u>		13b. MOTHER'S MAIDEN NAME <u>Malenda Bette Pauline Green Bellinger</u>	
14. NAME OF HUSBAND OR WIFE <u>Pauline Green Bellinger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>490-05-156 NO. 498-10-1748</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Bellinger</u>		ADDRESS <u>Bloomfield Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of Rectum</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15" 15"</u>			
19a. DATE OF OPERATION <u>Aug 17, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum with 786 nodes to Liver</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 15, 1949, to Feb 8, 1949, that I last saw the deceased alive on Feb 8, 1949, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Davis</u>		23b. ADDRESS <u>Bloomfield Mo.</u>		23c. DATE SIGNED <u>2-13-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Feb. 10, 1949</u>		24b. DATE <u>Feb. 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>		24e. DATE REC'D BY LOCAL REG. _____		24f. REGISTRAR'S SIGNATURE <u>355</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight S. Morgan</u>		ADDRESS <u>Advance Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*William A. Morgan*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William A. Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advance, Ga*

**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.