S. No. 300
v. 10.48

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9830

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 116

0864

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 263 East Boonville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 263 East Boonville

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) DAVID c. (Last) BOWLING

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1950

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowwd

8. DATE OF BIRTH: Feb. 20, 1860

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 0, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Cole Creek, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Geo. W. Bowling

13b. MOTHER'S MAIDEN NAME: Sarah A. Ingram

14. NAME OF HUSBAND OR WIFE: Mary Rumley Bowling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) *****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hollie Beard, 263 E. Boonville Sedalia, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Generalized Arteriosclerosis — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Mar, 1950, *to* 16 Mar, 1950, *that I last saw the deceased alive on* 15 Mar, 1950, *and that death occurred at* 9.45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D. Siegel M.D.

23b. ADDRESS: 412½ So. Ohio Ave Sedalia Mo

23c. DATE SIGNED: 18 Mar 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/19/50

24c. NAME OF CEMETERY OR CREMATORY: Knobnoster, Cemetery

24d. LOCATION (City, town, or county) (State): Knobnoster, Mo.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: A. J. Campbell M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Wilbur Ewing

ADDRESS: Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 27
District Health Officer No. 8,
District File Number
Date Filed 4-14-50

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.