

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11937

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4044</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STURGEON</u>		c. LENGTH OF STAY (in this place) <u>6 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		<u>0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u>		b. (Middle) <u>D.</u>		c. (Last) <u>BOWNE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8-1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED ✓</u>		8. DATE OF BIRTH <u>JUNE 14-1881</u>	
9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR Months <u>9</u>		11. UNDER 1 YEAR Days <u>24</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wif.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Huf. ✓</u>		11. BIRTHPLACE (State or foreign country) <u>BOONE Co. - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN H. TOALSON</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH TURNER</u>			14. NAME OF HUSBAND OR WIFE <u>ELTON W. BOWNE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO ✓ NO</u>		16. SOCIAL SECURITY NO. <u>NO ✓ NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Bowne Oak-Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Excision of Head of Pancreas</u>				8 mo	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Exploratory surgery in Jan 50 pancreas attached to abdominal</u>				157X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Post - Biopsy reveals CA.</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)		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 <u>1946</u> , 19____, to <u>4/8/50</u> , 19____, that I last saw the deceased alive on <u>4/7/50</u> , 19____, and that death occurred at <u>5 a</u> m, from the causes and on the date stated above.							
23a. SIGNATURE <u>O. F. Carroll J. M.D.</u>				23b. ADDRESS <u>Sturgeon, Mo.</u>		23c. DATE SIGNED <u>4/8/50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr. 10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah</u>		24d. LOCATION (City, town, or county) (State) <u>Andrain Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 10-1950</u>		REGISTRAR'S SIGNATURE <u>Maud McBridge</u>		30		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barnes & Booth-Sturgeon Mo.</u>	

Licensed Embalmer's Statement on Reverse Side

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

APR 24 1950

District File Number
District Health Officer No. 9
RECEIVED APR 19 1950

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 *A. E. Boothe*

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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.