G. No. 300
V. 10.48

0830

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27814

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY PLATTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WESTON weston
c. LENGTH OF STAY (In this place) 10 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY PLATTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WESTON 0830
d. STREET ADDRESS (If rural, give location) ✓ 0

3. NAME OF DECEASED (Type or Print)
a. (First) LAURA
b. (Middle) L.
c. (Last) BOWEN

4. DATE OF DEATH (Month) (Day) (Year) AUG. 8, 1950

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED ✓
8. DATE OF BIRTH APRIL 21, 1871
9. AGE (In years last birthday) 79 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE M. DOPPLER
13b. MOTHER'S MAIDEN NAME MARIE S. BRANDENBERGER
14. NAME OF HUSBAND OR WIFE DR. C. W. BOWEN

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. JOHN BRILL, WESTON, MO. ADDRESS

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) Chronic Myocarditis, Cerebral arterio-sclerosis. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Left sided paralysis of arm & partial paralysis of leg,
DUE TO (c) cerebral thrombosis & arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Fibrillation of heart: old old infarction. (Proven EKG) — 3 yrs. 4 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXX
21c. (CITY, TOWN, OR TOWNSHIP) Weston (COUNTY) Platte (STATE) Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXX m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? XXXX

22. *I hereby certify that I attended the deceased from* March, 10, 1950, *to* August 8, 1950, *that I last saw the deceased alive on* August 8, 1950, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lewis C. Calver, M.D.
23b. ADDRESS Weston Missouri
23c. DATE SIGNED 8/9/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 8-10-50
24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEM.
24d. LOCATION (City, town, or county) (State) WESTON, MO.

DATE REC'D BY LOCAL REG. 8-10-50
REGISTRAR'S SIGNATURE Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE Rollins & Mitchell, Platte City, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1951

MAY 19 1957

RECEIVED
AUG 15 19..
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Roland M. Giffee

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.