

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **495**

BIRTH NO. _____ REG. DIST. NO. **57** PRIMARY REG. DIST. NO. **5203** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Miami Station, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Hale, RFD 01711	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3 miles west Hale.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ernest Mann residence			

3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) LUTHER c. (Last) BOWLING			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23 1951			
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 11 Days 5	IF UNDER 12 MOS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Rolls County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mathew C. Bowling		13b. MOTHER'S MAIDEN NAME Martha Neely		14. NAME OF HUSBAND OR WIFE Sarah Belle Bowling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ernest Mann Miami St., Misso	

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) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH years ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High pt tension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			447x

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 **Jan 15, 1951**, to **Jan 23, 1951**, that I last saw the deceased alive on **Jan 21, 1951**, and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. Alexander Stetson, M.D. (Degree or title)		23b. ADDRESS Stetson, Mo.		23c. DATE SIGNED 1-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/25/1951		24c. NAME OF CEMETERY OR CREMATORY Hale,	
24d. LOCATION (City, town, or county) (State) Hale, Missouri					

DATE REC'D BY LOCAL REG. 2-1-1951		REGISTRAR'S SIGNATURE Pearl Koch 47		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin. Tina, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.