

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3589**

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

BIRTH NO. _____ REG. DIST. NO. 368 PRIMARY REG. DIST. NO. 6216 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada R#2		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Nevada R#2 Walker Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Walker Township		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Drake c. (Last) Bowen			4. DATE OF DEATH (Month) (Day) (Year) January 13 1951		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months # UNDER 2 REL. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Pat O. Bowen		13b. MOTHER'S MAIDEN NAME Elizabeth Bryant		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Minnie Anderson	
				ADDRESS Rt.#2 Nevada, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardio-renal disease				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				
		DUE TO (c) 442x				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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 5-16, 1950, to 1-13, 1951, that I last saw the deceased alive on 1-10, 1951, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE F.L. Martin		(Degree or title) MD		23b. ADDRESS Nevada Mo		23c. DATE SIGNED 1-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Steppe Cemetery		24d. LOCATION (City, town, or county) (State) Vernon Co. Missouri	

DATE REC'D BY LOCAL REG. Jan. 17, 1951		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Ferny Emerje		ADDRESS Nevada, Mo.	
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Missouri Embalmers' Statement on Reverse Side
Mrs Sarah E. Gray 2. R.D. Dist. 355

DIVISION OF HEALTH OF MO.

District No. _____

RECEIVED JAN 22 1951

Dis. File 151-174

Date Filed 1-22-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. 1760

P. O. Address Newada 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.