S. No. 300
v. 10.48

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2298

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 140

8 21

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

1. PLACE OF DEATH
a. COUNTY: PIKE CO MO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA MO
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MINERAL STRING OSTEOPATHIC HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL TWP. 14-13
d. STREET ADDRESS (If rural, give location): 8 20

3. NAME OF DECEASED (Type or Print)
a. (First): ESTELLA
b. (Middle): BELLE
c. (Last): BOWN

4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 52

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: OCT. 25, 1897
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 2, Days 8 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: JAMES BOWN
13b. MOTHER'S MAIDEN NAME: KATIE DODSWORTH
14. NAME OF HUSBAND OR WIFE: NONE

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: Hubert Bown — ADDRESS: Winchester

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): HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 24

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): APOPLEXY — 5 DAYS.
DUE TO (c):

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: 334X
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* 1/1, 1952, *to* 1/3, 1952, *that I last saw the deceased alive on* 1/3, 1952, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. L. Bilyea DO
23b. ADDRESS: Louisiana Mo
23c. DATE SIGNED: 1/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): 5
24b. DATE: JAN. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: DIAMOND GROVE
24d. LOCATION (City, town, or county) (State): JACKSONVILLE, ILL

DATE REC'D BY LOCAL REG.: Jan 3, 1952
REGISTRAR'S SIGNATURE: Berniece Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE: Lee Cunningham — ADDRESS: Jan. 3, 1952

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1957

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, ~~only~~ Lee Cunningham, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Lee Cunningham

Licensed Embalmer No. 3542

P. O. Address Winchester, Ill.

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.