

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3968

State File No.

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 585

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

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>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>305 N 8th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>305 North 8th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maudie</u> b. (Middle) <u>Pearman</u> c. (Last) <u>Bowles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 13 1885</u>
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Used Clothing</u>	
11. BIRTHPLACE (State or foreign country) <u>Callaway Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mr O C Davison</u>		13b. MOTHER'S MAIDEN NAME <u>Jalie Adams</u>	
14. NAME OF HUSBAND OR WIFE <u>Floyd Bowles</u>		<u>Columbia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Bowles</u>		ADDRESS <u>Columbia 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> ANTECEDENT CAUSES DUE TO (b) <u>Severe Coronary Sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>4201</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>2/17/52</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7</u> <u>Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry Sweet Jr MD</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>909 University Ave Columbia</u>	
23c. DATE SIGNED <u>2/17/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 20-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 19 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>P. P. ...</u>		ADDRESS <u>Columbia Mo</u>	

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;

X

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lyman H. Sprinkle*.....

Licensed Embalmer No. *4013*.....

P. O. Address *Columbia, 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.