

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5492

State File No. _____

FILED MAR 6 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5584 Registrar's No. 019131

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Avilla - McDonald Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Avilla</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>BOWERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26, 1952</u>
-------------------------------------	---------------------------	---------------------------	-------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 22, 1870</u>	9. AGE (In years last birthday) <u>81</u>	P UNDER 1 YEAR Months _____ Days _____	P UNDER 4 HRS. Hours _____ Mins. _____
--------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Jasper Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>William Bowers</u>	13b. MOTHER'S MAIDEN NAME <u>Jane ?</u>	14. NAME OF HUSBAND OR WIFE <u>Zona McAndrews Bowers</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs A.T. Poncot, Carthage, Mo</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u>		3 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u> 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>490X</u>	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) m. _____	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 Feb 1, 1952, to Feb 26, 1952, that I last saw the deceased alive on Feb 24, 1952, and that death occurred at 10:55p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Boney</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Miller, Mo</u>	23c. DATE SIGNED <u>2-27-52</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Langston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawrence Co., Mo</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-28-52</u>	REGISTRAR'S SIGNATURE <u>J. B. Blanton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u>	ADDRESS _____
---	--	--	---------------

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

490
1

RECEIVED 3-5-52

Jasper County Health Office

County File Number 52/3/167

Date Filed 3-5-52

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.