

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12581

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 451

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rogersville, RURAL 0390</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>		d. STREET ADDRESS (If rural, give location) <u>R# 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>FLANDER</u> c. (Last) <u>Bowers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 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>JAN. 1, 1890</u>
9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Louis S. Bowers</u>		13b. MOTHER'S MAIDEN NAME <u>Hizzie Stickland</u>	
14. NAME OF <del>husband</del> OR WIFE <u>Ollie Bowers, Rogersville Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-05-8077</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS, Mo. <u>Ollie Bowers, Rogersville, 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>Encephalomalacia - brain stem</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Encephalomalacia, left blood vessel 1 wk</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</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) (Min.)		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>October 1951</u> , to <u>May 5, 1952</u> , that I last saw the deceased alive on <u>May 5, 1952</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Wendell Stewart</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>203 Professor Rd, Springfield, Mo.</u>	
23c. DATE SIGNED <u>6 May 52</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>5-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.C. Ferrere Rogersville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-8-52</u>		REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u>	

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

396  
8

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.....

W. K. FERRELL

Student Embalmer No. 444

working under my personal supervision.

Student W. K. Ferrell.....  
Student Embalmer

Signed

W. B. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland 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.