

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17562
Registrar's No. 122

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

883
3

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

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY OR TOWN <i>Moberly</i> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <i>Rural Union</i> <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (in this place) <i>3 Min.</i>		d. STREET ADDRESS (If rural, give location) <i>RFD #3 0880</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>In Ambulance 100 block E. Collins</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>DONALD</i> b. (Middle) <i>CECIL</i> c. (Last) <i>BOWDEN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May-22-1952</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Never married</i>	8. DATE OF BIRTH <i>August-16-1918</i>	9. AGE (In years, months, days, hours, min.) <i>33</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Moberly Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>David C. Bowden</i>	13b. MOTHER'S MAIDEN NAME <i>Dora Jane Burch</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes Army</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Stanley Hickman Moberly Mo.</i>	ADDRESS
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18. CAUSE OF DEATH <small>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.</small>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <i>Knife wound inflicted by John Lucas on branches of 604 Wilson Moberly Mo.</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small> DUE TO (b) <i>604 Wilson Moberly Mo.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small>			<i>E982X</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <i>knife wound</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>604 Wilson</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Moberly Randolph Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>May 22-52-7:45 PM</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>During a fight</i>

22. I hereby certify that I attended the deceased from about *about 8:00 P.M.*, 19*52*, to *1952*, that I last saw the deceased alive on *1952*, and that death occurred at *8:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Chris E. Barnes</i>	23b. ADDRESS <i>Moberly Mo</i>	23c. DATE SIGNED <i>May 23-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 24-1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Huntsville Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Huntsville Missouri</i>
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DATE REC'D BY LOCAL REG. <i>May 24-52</i>	REGISTRAR'S SIGNATURE <i>Carl H. Sullivan</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Snout Funeral Home</i>	ADDRESS <i>Moberly Mo</i>
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JUN 2 1952

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 _____

Jerry R. Carter Student Embalmer No. 442
working under my personal supervision.

Student Jerry R. Carter
Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.