S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25070

AUG 6 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 238

1. PLACE OF DEATH
a. COUNTY: Marion County 0644 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Missouri
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby 1020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 1
d. STREET ADDRESS (If rural, give location): 2 Miles South of Bethel, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): Fred
c. (Last): Bower.

4. DATE OF DEATH (Month) (Day) (Year): July 19 1952

5. SEX: M 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 21, 1873
9. AGE (In years last birthday): 79
If under 1 year: Months 0 Days 28
If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming.
11. BIRTHPLACE (State or foreign country): Shelby County, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Samuel Bower
13b. MOTHER'S MAIDEN NAME: Louisa Krause
14. NAME OF HUSBAND OR WIFE:
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: Opal Bower
ADDRESS: Bethel, Mo.

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): Cirrhosis of liver — | INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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: 5810
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* July 4, 1952, *to* July 19, 1952, *that I last saw the deceased alive on* July 19, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. A. Allen M.D.
(Degree or title)
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: July 24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 21-1952
24c. NAME OF CEMETERY OR CREMATORY: Lion Cemetery
24d. LOCATION (City, town, or county) (State): 1 Mile West of Bethel, Mo.

DATE REC'D BY LOCAL REG.: 7-26-52
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. Fisher
189-C.J.
25. FUNERAL DIRECTOR'S SIGNATURE: Al. Musgrove
ADDRESS: Bethel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 4 1952
MARION CO. HEALTH DEPT
DATE FILED AUG 4 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed .....
Student Embalmer

Signed C W Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel 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.