

STANDARD CERTIFICATE OF DEATH

State File No. 25271

FILED JUL 16 1952

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY Pettis 0804 b. CITY Sedalia c. LENGTH OF STAY 20 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION 1522 E. 5th St

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Pettis 0804 c. CITY Sedalia d. STREET ADDRESS 1522 E. 5th St.

3. NAME OF DECEASED a. (First) Berry b. (Middle) G. c. (Last) Bowlin 4. DATE OF DEATH July 2, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Aug 5, 1875 9. AGE 76 10a. USUAL OCCUPATION Cement finisher 10b. KIND OF BUSINESS OR INDUSTRY Construction 11. BIRTHPLACE Morgan County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry G. Bowlin 13b. MOTHER'S MAIDEN NAME Harriett Wilson 14. NAME OF HUSBAND OR WIFE Vanie M. Bowlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vanie M. Bowlin, Sedalia, Mo.

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis II. OTHER SIGNIFICANT CONDITIONS Gen. arterio Sclerosis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4221 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 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 Apr 22, 1952, to July 2, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE J.W. Boger M.D. 23b. ADDRESS Sedalia Mo 23c. DATE SIGNED 7-5-52

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 7/5/52 24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 24d. LOCATION Sedalia, Mo.

DATE REC'D BY LOCAL REG 7-9-52 REGISTRAR'S SIGNATURE P. J. Campbell M.D. FURNERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo

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

(Licensed Embalmer's Statement on Reverse Side)

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.