

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12023**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>Massac</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North's City - Ill.</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route - 8720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>FRANKLIN</b> c. (Last) <b>BOWERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 24 52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> <b>Single</b>	8. DATE OF BIRTH <b>Apr 17 - 1913</b>		9. AGE (In years; last birthday) <b>39</b> If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	
13a. FATHER'S NAME <b>Geo Bowers</b>			13b. MOTHER'S MAIDEN NAME <b>MARY STRAIN</b>		14. NAME OF HUSBAND OR WIFE <b>Wm Edith Bowers</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>354-01-5674</b>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Shs Bowers - North's City Ill</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as suffocation, asphyxiation, etc., nor does it mean the direct cause, or complications which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>			<b>16 hours</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Bronchiogenic carcinoma</b>			<b>4 months</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			20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>162X</b>	

22. I hereby certify that I attended the deceased from 12-18, 1952, to 12-24, 1952, that I last saw the deceased alive on 12-24, 1952, and that death occurred at 10:15 a. m., from the causes and on the date stated above.

22a. SIGNATURE <b>FR Bradlee</b> (Degree or title) <b>U.D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>12/24/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-25-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>North's City, Ill</b>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <b>DEC 30 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McTUFNET</b> ADDRESS <b>North's City - Ill</b>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

Call 1111

**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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis 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.

19-19-1945 - *Children born to - 1945*  
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

State File No. 44730  
Local Registrar's No. 12023

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_ who, upon \_\_\_\_\_ oath, states that the original record of birth death  
for John Franklin Bowers died 12-24-1952, 19\_\_\_\_, in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 2b should read Massac County

Instead of \_\_\_\_\_

Item No. 2c should read Metropolis Illinois

Instead of Norris City, Ill

Item No. 7 should read Married

Instead of Single

Item No. 14 should read Edith E. Bowers

Instead of \_\_\_\_\_

Item No. 16 should read 354-01-5645

Instead of Omitted

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of J.C. Turner Funeral Director

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Edith Bowers Wife  
Relationship.

St. Elmo, Illinois  
Present Address.

Subscribed and sworn to before me this 16th day of January, 19453

My Commission expires October 27, 1955  
Woodrow S. Markley Notary Public.  
St. Elmo, Illinois

1. 2.