

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **852**

FILED FEB 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4170** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>DeKalb Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>DeKalb.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Union Star</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Union Star</b>	
c. LENGTH OF STAY (in this place) <b>All life</b>		d. STREET ADDRESS (If rural, give location) <b>0320</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) _____ c. (Last) <b>Bowen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1.31.1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7.6.1871</b>	9. AGE (In years last birthday) <b>81</b>	10. UNDER 1 YEAR Days <b>6</b> Hours <b>29</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>DeKalb Co. Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Frank Bowen</b>		13b. MOTHER'S MAIDEN NAME <b>Sarrah E. Meanes</b>		14. NAME OF HUSBAND OR WIFE <b>Gerty Bowen</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ward Bowen, Union Star Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>40 HOURS</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		II. OTHER SIGNIFICANT CONDITIONS <b>331X</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) _____			

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) (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 **JAN 30**, 1953, to **1.31.**, 1953, that I last saw the deceased alive on **Jan 31**, 1953, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lyle P. Baird, D.O.</b>		23b. ADDRESS <b>Union Star, Mo</b>		23c. DATE SIGNED <b>2-1-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2.2.1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Chapel</b>	
		24d. LOCATION (City, town, or county) (State) <b>Union Star Mo.</b>			

DATE REC'D BY LOCAL REG. <b>2-4-53</b>		REGISTRAR'S SIGNATURE <b>Roscoe Henderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. S. Gaggart King City Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

370

**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



Licensed Embalmer No. 2563

P. O. Address King City 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.