

No. 300
10.48

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18395
State File No. 267
Registrar's No. 267

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived? If institution, residence before admission) a. STATE MISSOURI		b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (in this place) 6 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			d. STREET ADDRESS (If rural, give location) 2505 VIRGINIA		

3. NAME OF DECEASED (Type or Print) a. (First) TRILLA			b. (Middle) HELEN		c. (Last) BELL		4. DATE OF DEATH (Month) (Day) (Year) MAY 24, 1953					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAR. 19, 1900		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (State or foreign country) CARTERVILLE, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME ROBERT I. BOWMAN		13b. MOTHER'S MAIDEN NAME RUBIE HALL		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MRS RUBIE HALL BOWMAN, 2502 VIRGINIA	

19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor, Primary						INTERVAL BETWEEN ONSET AND DEATH 6 1/2 months	
		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						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> 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 Nov. 20, 1952 to May 24, 1953 that I last saw the deceased alive on May 24, 1953 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Koehler, M.D.		23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 5-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-26-53		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL	
		24d. LOCATION (City, town, or county) (State) JOPLIN, MO.			

DATE REC'D BY LOCAL REG. 5-27-53		REGISTRAR'S SIGNATURE 138-0 <i>by Stella Lampkins</i>		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

495

RECEIVED 5-29-53

Jasper County Health Office

County File Number 53-5-473

Date Filed 5-29-53

OCT 30 1953

MAY 30 1953

MAY 30 1953

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 *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.