

No. 300  
10.48

FILED JUL 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25636

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>2117</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		<u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2122 Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Margaret Bowles</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1953</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 30, 1880</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>1</u>		11. DAYS <u>27</u>		12. HOURS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>		11. BIRTHPLACE (State or foreign country) <u>Palmyra Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>				13a. FATHER'S NAME <u>John W. Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Dickson</u>	
14. NAME OF HUSBAND OR WIFE <u>James Coleman Bowles Sr.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen McNeen Hannibal Mo.</u>				17. ADDRESS <u>Hannibal Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>cerebral vascular accident</u>	
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral vascular accident</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
II. ANTECEDENT CAUSES							
DUE TO (b) <u>hypertensive cardiovascular disease</u> <u>5 years</u>							
DUE TO (c) <u>diabetes mellitus</u> <u>4 years</u>							
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) <u>260X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
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 <u>6-22-53</u> , 19 <u>  </u> , to <u>6-27-53</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>6-27-53</u> , 19 <u>  </u> , and that death occurred at <u>10:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. E. Gultman M.D.</u>				23b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>		23c. DATE SIGNED <u>7-6-53.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7/7/53</u>		REGISTRAR'S SIGNATURE <u>H. C. Fisher</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. Crawford Smith</u>		ADDRESS <u>Hannibal Missouri</u>	

189-U (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 14 1953  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 14 1953

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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 John S Stand  
Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.