

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43886

State File No. ....

FILED JAN 4 1954

BIRTH NO. ....		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>158</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>			
b. CITY OR TOWN <u>Louisiana</u>		c. LENGTH OF STAY (If this place township) <u>3 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		d. STREET ADDRESS (If rural, give location) <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Springs</u>				d. STREET ADDRESS (If rural, give location) <u>0820</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BURKETT</u> b. (Middle) <u>KUNKLE</u> c. (Last) <u>BOWER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-16-1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 9 1893</u>	
9. AGE (In years last birthday) <u>60</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Army</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ashley</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>David M. Bowen</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Kunkle</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Bowen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. K. Bowen</u> ADDRESS <u>Bowling Green, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EUREMIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ACUTE NEPHRITIS</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>!</u>		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?			
22. I hereby certify that I attended the deceased from <u>NOV. 13</u> , 1953, to <u>NOV 15</u> , 1953, that I last saw the deceased alive on <u>NOV. 15</u> , 1953, and that death occurred at <u>9:23 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>LOUISIANA, MO.</u>		23c. DATE SIGNED <u>NOV. 16, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 17 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 31, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernese Collier</u> 374		FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u>		ADDRESS <u>Bowling Green MO</u>	

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

JAN 18 1954

JAN 5

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.....  
Student Embalmer

Signed *Harold C. Kirka*

Licensed Embalmer No. *4597*

P. O. Address *Bonifay Green*

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.