

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5951**
Registrar's No. **1362**

BIRTH FILED **MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN ST. LOUIS, MISSOURI c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION: BARNES HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds c. CITY OR TOWN Centerville d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) unknown	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) (NMI) c. (Last) BOWLES		4. DATE OF DEATH (Month) (Day) (Year) February 11, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH Aug 16, 1878
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY unknown
11. BIRTHPLACE (City and State or Foreign Country) Centerville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Bowles		13b. MOTHER'S MAIDEN NAME Jane Parks	
14. NAME OF HUSBAND OR WIFE Nellie Bowles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME A. Bowles, St. Louis, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) CEREBRAL ARTERIOSCLEROSIS	
DUE TO (c) PULMONARY EMBOLI		UKN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		UKN	
19a. DATE OF OPERATION 2-5-54		19b. MAJOR FINDINGS OF OPERATION FRACTURE RIGHT HIP (fell on steps of own home)	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21c. (CITY, TOWN, OR TOWNSHIP) Centerville, Reynolds, Mo		(COUNTY) Reynolds	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? fell on steps of home F9000			
22. I hereby certify that I attended the deceased from 2-4-54, to 2-11-54, that I last saw the deceased alive on 2-11-1954, and that death occurred at 4:00 pm., from the causes and on the date stated above.			
23a. SIGNATURE FR Bradley		23b. ADDRESS BARNES HOSPITAL, 0900	
(Degree or title) M. D.		23c. DATE SIGNED 2-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-12-54	
24c. NAME OF CEMETERY OR CREMATORY Ellington, Mo.		24d. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR'S SIGNATURE J. C. Smith M.D.		ADDRESS Pewitt, Ellington, Mo.	
DATE REC'D BY LOCAL REG. FEB 13 1954			

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.