FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23706

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 627 E. High

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon
d. STREET ADDRESS (If rural, give location): 627 E. High

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3. NAME OF DECEASED (Type or Print)
a. (First): Ira
b. (Middle): Clinton
c. (Last): Bowden

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 28, 1890
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles E. Bowden
13b. MOTHER'S MAIDEN NAME: Eliza Wright
14. NAME OF HUSBAND OR WIFE: Jennie C. Bowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 708-16-3407
17. INFORMANT'S SIGNATURE OR NAME: Jennie C. Bowden — ADDRESS: Eldon, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery disease — 7 yr.
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: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* 7-5-, 1954, *that I last saw the deceased alive on* 7-5-, 1954, *and that death occurred at* 11:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl J. Buchler Jr M.D.
23b. ADDRESS: Eldon, Mo.
23c. DATE SIGNED: 7-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8, 1954
24c. NAME OF CEMETERY OR CREMATORY: Eldon
24d. LOCATION (City, town, or county) (State): Eldon, Mo.

DATE REC'D BY LOCAL REG.: July 6, '54
REGISTRAR'S SIGNATURE: Alberetta Dougis
25. FUNERAL DIRECTOR'S SIGNATURE: Douglas D. Phillips — ADDRESS: Eldon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

HEALTH
...ENT

...P 1 ... 1955

JUL 22 1954

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 Loris D. Phillips

Licensed Embalmer No. 3663

P. O. Address Caldwell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.