

No. 300  
10-48

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10704

FILED APR 12 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbyville, Mo.</b>		c. LENGTH OF STAY (In this place) <b>14 yrs.</b>		c. CITY OR TOWN <b>Shelbyville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pleasant Hill Rest Home</b>		STREET ADDRESS (If rural, give location) <b>X</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LADY</b> b. (Middle) <b>MAUDE</b> c. (Last) <b>BOWMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-3-1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-18-1865</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Household</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Shelby Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Elec Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Medley</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jim Tom Chinn, Calernce, Mo.</b>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Parasary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</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"/>	
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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)		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 Apr 1, 1955, to Apr 3, 1955, that I last saw the deceased alive on Apr 3, 1955, and that death occurred at 1:55 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P. G. Craver M.D.</b>		23b. ADDRESS <b>Shelbyville Mo</b>		23c. DATE SIGNED <b>4-5-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-5-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Cmty.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelby Co., MO.</b>		
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DATE REC'D BY LOCAL REG. <b>4-6-55</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barkelaw-Hawkins, Shelbina, Mo.</b>		
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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.....  
Signature of Student Embalmer

Signed.....  
*W. H. Hawley*

Licensed Embalmer No. *349*

P. O. Address *Albany*

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.