

# STANDARD CERTIFICATE OF DEATH

 State File No. **19113**

FILED JUL 7 - 1955

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 257

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JASPER</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>25 DAYS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOPLIN GENERAL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1112 VALLEY STREET</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>LYDIA</b> b. (Middle) _____ c. (Last) <b>BOWDEN</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JUNE 24, 1955</b>
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>NEGRO</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>JULY 4, 1887</b>
<b>9. AGE</b> (In years last birthday) <b>67</b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>OWN HOME</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>PINE BLUFF, ARK.</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	<b>13a. FATHER'S NAME</b> <b>UNK</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>UNK</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>VERMONT BOWDEN</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>VERMONT BOWDEN, 1112 VALLEY ST.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cardiac respiratory failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Cerebral hemorrhage</b> DUE TO (c) <b>hypertension</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b> <b>Oct. 1954</b>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)
<b>21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></b>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from <u>6-16-55</u>, 19<u>55</u>, to <u>6-24-55</u>, 19<u>55</u>, that I last saw the deceased alive on <u>6-24-55</u>, 19<u>55</u>, and that death occurred at <u>7:20 Am.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <i>J. J. [Signature]</i>		<b>23b. ADDRESS</b> <b>600 521 W. 4th, Joplin, Mo.</b>	<b>23c. DATE SIGNED</b> <b>6-27-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>6-28-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>PARKWAY CEMETERY</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>JOPLIN, MISSOURI</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>6-30-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 25-7442  
Date Filed JUL 7-1955

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin Mo*

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.