

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21466

State File No.

FILED JUL 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>17</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad.) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>					
b. CITY OR TOWN <u>Edwards Springs</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Edwards Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Hospital</u>				e. STREET ADDRESS (If rural give location) <u>123 W. Broadway - 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		b. (Middle) <u>J.</u>		c. (Last) <u>BOWDEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>4-21-1871</u>			
9. AGE (In years last birthday) <u>84</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>3 mi. Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>John Bowden</u>		13b. MOTHER'S MAIDEN NAME <u>Emmie Meyer</u>		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Bowden</u> ADDRESS <u>Edwards Springs</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u> ANTECEDENT CAUSES DUE TO (b) <u>Auricular fibrillation & thrombosis</u> DUE TO (c) <u>Arteriosclerotic Heart disease</u> 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>12 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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>April</u> , 19 <u>55</u> , to <u>July 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>55</u> , and that death occurred at <u>5:00 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert L. Snagen M.D.</u>				23b. ADDRESS <u>Edwards Springs, Mo.</u>		23c. DATE SIGNED <u>July 11, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edwards Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Edwards Springs Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/11/55</u>		REGISTRAR'S SIGNATURE <u>George W. Moyer 414</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon - Cauffman</u> ADDRESS <u>Edwards Springs</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Floyd A. Crothers

Licensed Embalmer No. *44*

P. O. Address *E. Doran*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.