

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22873

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital			e. STREET ADDRESS (If rural, give location) 1510 Broadway		
3. NAME OF DECEASED (Type or Print) a. (First) Blanche M. Bowles			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 9, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 1, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 8
IF UNDER 24 HRS. Hours Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Marion County Missouri	
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Thomas Arnold	13b. MOTHER'S MAIDEN NAME Susan Long	14. NAME OF HUSBAND OR WIFE Walter Bowles (dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 347 24 9167A	17. INFORMANT'S SIGNATURE OR NAME Miss Dorothy Atkins Hannibal Missouri		
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) Peritonitis				INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Perforation of Colon		DUE TO (c) Cancerous Colon		3 days ?
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 153X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 July 1, 1955 to July 9, 1955 , that I last saw the deceased alive on July 9, 1955 , and that death occurred at 3:00 A.M. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. H. H. H.			23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 7-11-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/11/55	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri		
DATE REC'D BY LOCAL REG. 7/12/55	REGISTRAR'S SIGNATURE W. M. Lucke By H. C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE H. H. H. H.	ADDRESS Hannibal Missouri	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED ~~JUL 19 1955~~
MARION CO. HEALTH DEPT.
DATE FILED JUL 19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *H. Crawford Smith*
.....
Licensed Embalmer No. 30

P. O. Address ...Hannibal

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