

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. **34597**
Registrar's No. **9356**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Graves	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 10 hrs.	c. CITY OR TOWN Mayfield	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. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) 1007 So. Sixth St. #168	

3. NAME OF DECEASED (Type or Print) a. (First) Chad b. (Middle) Edward c. (Last) Bowden	4. DATE OF DEATH (Month) (Day) (Year) 10-26-55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) C	8. DATE OF BIRTH 10-15-52	9. AGE (in years last birthday) 3	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Mayfield, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Horace Bowden	13b. MOTHER'S MAIDEN NAME Jane Best	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If in U.S. Armed Forces, give date of entry and date of discharge) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME E. Johnston	ADDRESS 500 S. Kingshighway
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		11. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION PREVIOUSLY LEADING TO DEATH* (a) Wilms Tumor		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X		

19a. DATE OF OPERATION 10/26/55	19b. MAJOR FINDINGS OF OPERATION Rt renal tumor (probable Wilms)	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-26-1955**, to **10-26-1955**, that I last saw the deceased alive on **10-26-1955**, and that death occurred at **8:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leusa J. Lipton MD	23b. ADDRESS 500 S. Kingshighway	23c. DATE SIGNED 10-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) RE: removal	24b. DATE 10-27-55	24c. NAME OF CEMETERY OR CREMATORY Mayfield Cemetery	24d. LOCATION (City, town, or county) (State) Mayfield, Kentucky
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DATE REC'D BY LOCAL REG. OCT 27 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons	ADDRESS 7233 Delmar Blv'd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956

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 *Deane H. Murray*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis*.....

- 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.