

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH39458
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>181</u>		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Moundville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1080</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle) <u>Frances</u>		c. (Last) <u>Bowen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 8, 1955</u>	
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 2 1886</u>		9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Baugh</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wiley</u>		14. NAME OF HUSBAND OR WIFE <u>Francis C. Bowen</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis C. Bowen Moundville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia of left cerebellar hemisphere</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Thrombosis of left cerebellar artery</u>		<u>8 days</u>		
				DUE TO (c) <u>Extensive atherosclerosis, generalized</u>		<u>not known</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Coronary sclerosis, advanced, with focal patches of myofibrosis; arteriosclerotic scars of kidney; atelectasis & bronchial pneumonia & pulmonary edema; brown atrophy of the liver.</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nevada Hospital</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada, Vernon Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 - -1 - '55 P.P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell out of bed (Accident not cause of death).</u>				
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1955</u> to <u>Nov. 8, 1955</u> , that I last saw the deceased alive on <u>Nov. 7, 1955</u> , and that death occurred at <u>3:25 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R.B. Wray, M.D.</u>				23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>		23c. DATE SIGNED <u>Nov. 9, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1955 November 10</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery Nevada</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-19-55</u>		REGISTRAR'S SIGNATURE <u>Anna & Furrys</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>451 Ferry Funeral Home Nevada, Mo.</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..... *L. Anglen Ferry*.....
Licensed Embalmer No...*496*...

P. O. Address Nevada, Miss

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.