

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17053**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **175**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Ill. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal	c. LENGTH OF STAY (in this place) 2 Days	c. CITY OR TOWN Hull	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 Levering Hospital		e. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Harvey c. (Last) Bower			4. DATE OF DEATH (Month) (Day) (Year) 5 - 16 - 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Adams County, Ill		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Wm Franklin Bower	13b. MOTHER'S MAIDEN NAME Louisa Kathryn Sellers	14. NAME OF HUSBAND OR WIFE Amanda E Bower (D)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ernest Bower	ADDRESS Hull, Ill.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease, acute		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) Chronic myocardial failure		
	DUE TO (b) Myocardial failure acute		
	DUE TO (c) Chronic myocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		15 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **4/1** 19**54** to **5/16**, 19**56** that I last saw the deceased alive on **5/16**, 19**56**, and that death occurred at **12:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm H. H. H. M.D.	23b. ADDRESS Hull, Ill	23c. DATE SIGNED 5/18/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-18-56	24c. NAME OF CEMETERY OR CREMATORY Stewart Cemetery	24d. LOCATION (City, town, or county) (State) Blainville, Ill.
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DATE REC'D BY LOCAL REG. 5-19-56	REGISTRAR'S SIGNATURE Dr. Em. L. ...	25. FUNERAL DIRECTOR'S SIGNATURE Joseph ...	ADDRESS Hannibal, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 23 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAY 23 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.....

Licensed Embalmer No..4217

P. O. Address...Hannibal,

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.