No. 300
10.48

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3988

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 3

0170

1. PLACE OF DEATH
a. COUNTY Carroll.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Norborne. Egypt.
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 502 south pine street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri.
b. COUNTY Carroll.
c. CITY OR TOWN Norborne. 0150 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 502. south pine street.

3. NAME OF DECEASED (Type or Print) a. (First) Roscoe b. (Middle) F. c. (Last) Bowles.
4. DATE OF DEATH (Month) (Day) (Year) Feb. 7. 1957.
5. SEX Male
6. COLOR OR RACE White. 0
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married. 1
8. DATE OF BIRTH Nov. 21. 1886
9. AGE (In years last birthday) 70. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Salesman.
10b. KIND OF BUSINESS OR INDUSTRY Standard Leather Co.
11. BIRTHPLACE (City and State or Foreign Country) Norborne Carroll. MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John W. Bowles.
13b. MOTHER'S MAIDEN NAME Mary Martha Flournoy.
14. NAME OF HUSBAND OR WIFE Maude M. Bowles.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 487-03-9224.
17. INFORMANT'S SIGNATURE OR NAME B. Maud M. Bowles ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma — INTERVAL BETWEEN ONSET AND DEATH 3+ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 241X
20. AUTOPSY? YES [ ] NO [X]

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) 2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-7-, 1953, *to* 2-7-, 1957, *that I last saw the deceased alive on* 2-7-, 1957, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ruepel T Haskell (Degree or title) M.D.
23b. ADDRESS 212 South Pine Norborne, Mo.
23c. DATE SIGNED 2-9-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
24b. DATE Feb. 10. 1957.
24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery.
24d. LOCATION (City, town, or county) (State) Norborne. Missouri.

DATE REC'D BY LOCAL REG. Feb 10-1957
REGISTRAR'S SIGNATURE Eileen Penniston
25. FUNERAL DIRECTOR'S SIGNATURE John G Dietch ADDRESS Norborne Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ...Me..., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norbonne

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