Health, & Welfare Public Service

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FILED MAY 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER '57 017660

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carterville, Mo — Inside Limits Yes X No ☐	c. CITY OR TOWN Carterville, Mo 749 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 415 S. Jeff. St. — Length of stay in Hospital 10 Yrs	d. STREET ADDRESS (If outside, give location) 415 S. Jeff. St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Leonard	Middle: Elmer	Last: Bower	4. DATE OF DEATH	Month: May Day: 13 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH: Feb 2, 1873	9. AGE (In years last birthday): 84	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): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Leonard Bower		14. MOTHER'S MAIDEN NAME: Mary Scott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: None	17. INFORMANT: Opal Bower	Address: Carterville, Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis — 4 years.
DUE TO (c) Hypertension — 4 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1953, to May 1957 and last saw her/him alive on 5-11-57
Death occurred at 5:30 Am. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Geo. Wright M.D. (Degree or title) M.D. — 22b. ADDRESS: WebbeCity, Mo — 22c. DATE SIGNED: 5/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 5-15-1957 — 23c. NAME OF CEMETERY OR CREMATORY: Medoc Cemetery — 23d. LOCATION (City, town, or county) (State): Medoc, Missouri

24. FUNERAL DIRECTOR: Johnston-A[illegible]nce Simpson Mortuary — ADDRESS: Webb City, Mo (Licensed Embalmer's Statement on Reverse Side) — 25. DATE REC'D. BY LOCAL REG.: 5-13-57 — 26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Jasper Co...
County File Number 57...
Date Filed MAY 20 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harvey E. Anne

Licensed Embalmer No. 44...

P. O. Address Winn City

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