

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28572**

FILED AUG 26 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>100</u>		
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>				
b. CITY OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>2 wk</u>		c. CITY OR TOWN <u>Halden</u>		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 <u>Medical Center Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>East Fourth St. 0510</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGIL</u> b. (Middle) <u>EMERSON</u> c. (Last) <u>BOWERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 18 1957</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 18 1884</u>		
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>		IF UNDER 24 Hrs. Hours <u></u> Mins. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Print Eng</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salem Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thuis C. Bowers</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moxial</u>		14. NAME OF HUSBAND OR WIFE <u>Angie Bettie Bowers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>702-14-4976</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Crossinger</u> ADDRESS <u>Kudankaster 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meckel's diverticulum - infected</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
		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. <u>Diabetes mellitus</u>					<u>Known 1 wk</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>7562</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>12-11-1956</u> to <u>8-18-1957</u> , that I last saw the deceased alive on <u>8-18-1957</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Ed Leden, M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>8-22-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 20 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Halden, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 22, 1957</u>		REGISTRAR'S SIGNATURE <u>Shirannah Withfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quadey & Hogg Halden Mo</u>				

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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.....
W. L. Canaday

Licensed Embalmer No. 343

P. O. Address *Haldam*

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.