

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35350**

FILED OCT 21 1957

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>2020</u>		Registrar's No. <u>229</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>)			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Washington</u>)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Union</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>St Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>615 Washington Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHEL</u>		b. (Middle) _____		c. (Last) <u>BOWEN</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>17</u> (Year) <u>57</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>baby</u>		8. DATE OF BIRTH <u>Oct 17 57</u>	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 mos. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>C</u>	
13a. FATHER'S NAME <u>Raymond C Bowen</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Elppard</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Bowen</u> ADDRESS <u>615 Washington Ave</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>Prematurity</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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) <u>776X</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		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>Oct 12</u> , 19 <u>57</u> , to <u>Oct 12</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. H. Stuhlman</u> (Degree or title) _____				23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>10-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>19 Oct 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buick, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/19/57</u>		REGISTRAR'S SIGNATURE <u>B. H. Stuhlman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Severley E Meyer</u> ADDRESS <u>Union, Mo</u>			

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

99-0

(Licensed Embalmer's Statement on Reverse Side)

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 Not embalmed; Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union, N.J.

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.