

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-008144
State File No.

FILED FEB 28 1958

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>558</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>DOA</u>		d. 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. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>129a E. Monroe Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HATTY</u>		b. (Middle)		c. (Last) <u>BOWLER</u>	
4. DATE OF DEATH <u>Feb. 20, 1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Jan. 4, 1901</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooksville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Henry Woody</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Purdy</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Wanda Lamb, 1120 Terrace Dr., Richmond Heights, Mo.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration Suffocation</u>		ANTECEDENT CAUSES				10 min.	
DUE TO (b) <u>paralysis agitans</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				2.4 yrs	
DUE TO (c) <u>encephalitis</u>		II. OTHER SIGNIFICANT CONDITIONS				25 yrs	
2. 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				20. AUTOPSY? YES <input checked="" 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) (COUNTY) (STATE)		3442	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK? (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>July 19, 1957</u> to <u>Feb 20, 1958</u> , that I last saw the deceased alive on <u>Dec 10, 1957</u> , and that death occurred at <u>8 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Jean M.D.</u>		(Degree or title)		23b. ADDRESS <u>4500 W. Pine</u>		23c. DATE SIGNED <u>2-21-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/22/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/23/58</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombek MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Stopp Inc. Kirkwood</u>		ADDRESS <u>no</u>	

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 *Francis J. Wyland Jr*.....

Licensed Embalmer No. *4512*.....

P. O. Address *Rich. wood*.....

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.