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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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1958

58-008516
STATE FILE NUMBER

Registration District No. 339 Primary Registration District No. 6149 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Dudley R-1 Length of stay in Ib: 4 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Stoddard
c. CITY OR TOWN: Dudley 103 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural #1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Diane Middle: — Last: Bowie
4. DATE OF DEATH: Month Feb Day 18 Year 1958
5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept 9-1949
9. AGE (In years last birthday): 8
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): None
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and state or country): Gobler Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: B. L. Bowie
14. MOTHER'S MAIDEN NAME: Jewell Tucker
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: Mrs. E.B. Bowie Address: Dudley Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 493X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
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 2-11-58, to 2-18-58 and last saw her/him alive on 2-18-58
Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: FB Killings (Degree or title) MD 2
22b. ADDRESS: Dexter Mo
22c. DATE SIGNED: 2-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-19-1958
23c. NAME OF CEMETERY OR CREMATORY: Marcus Hill
23d. LOCATION (City, town, or county): Enola (State): Ark.

24. FUNERAL DIRECTOR: Lentz Service ADDRESS: Service Kennett Mo.
25. DATE RECD. BY LOCAL REG.: 2/22/58
26. REGISTRAR'S SIGNATURE: Pearl Reed

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1958

STATEMENT BY LICENSED EMBALMER Not Embalmed

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar Lee Fo

Licensed Embalmer No. 44

P. O. Address Kenne

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