

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033867
STATE FILE NUMBER

FILED OCT 2 1958 Registration District No. 300 Primary Registration District No. 6029 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Reynolds Logan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 4 mi S of Ellington Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Ellington Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Rural-Logan Trp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ERMAN Eugene BOWERS			4. DATE OF DEATH Month Day Year 9 20 58		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1905	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min. 8 24	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Ellington, Mo.	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ernest Bowers	13b. MOTHER'S MAIDEN NAME Orla Morris	14. NAME OF HUSBAND OR WIFE Blanche Bowers
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Blanche Bowers Ellington, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Traumatism to left chest (crushing) by auto-bus flow 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 1-2 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto Accident
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20c. TIME OF INJURY 7 PM 9-20-58

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 21 - car accident	20f. CITY, TOWN, OR LOCATION (County) Reynolds STATE 4 mi S. of Ellington, Mo.
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21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at 7 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth T. Carter, M.D.	22b. ADDRESS Ellington, Mo.	22c. DATE SIGNED Sept 24/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-23-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery, Capetia, Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR (Licensed Embalmer's Statement on Reverse Side) Chas S. Smith, Ellington, Mo.	25. DATE RECD. BY LOCAL REG. 9-25-58	26. REGISTRAR'S SIGNATURE Eessie Evans
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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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
v. 1-57

Reynolds County
10/1/58

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 *Clara L. Bennett*

Licensed Embalmer No. *4524*

P. O. Address *Fellingburg, Pa.*

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.