

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034971

FILED VS OCT 13 1959 360

6225

Registrar's No. 165

STATE FILE NUMBER

ENDED

Registration District No.

Primary Registration District No.

Registrar's No. 165

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Length of stay in 1b 1 Mo 6 Da.		c. CITY OR TOWN Flemington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3 Nevada, Missouri			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Peter Middle T. Last Bowen				4. DATE OF DEATH Month October Day 1 Year 1959						
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1881		9. AGE (last birthday) 78		
IF UNDER 1 YEAR Months		IF UNDER 24 HR Days								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Records-State Hospital #3, Nevada, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Coronary Occlusion								6 hours		
DUE TO (b) Generalized Arteriosclerosis								Years		
DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.) None						
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		None						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION None		COUNTY None		STATE None		
21. I attended the deceased from Aug. 26, 1959 to Oct. 1, 1959 and last saw ^{her} him alive on Oct. 1, 1959 Death occurred at 10:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>W. C. Beckwith</i> (Degree or title)				22b. ADDRESS <i>State Hospital #3, Nevada, Mo</i>				22c. DATE SIGNED 10-1-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-1-59		23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		23d. LOCATION (City, town, or county) (State) Hickory County Missouri				
24. FUNERAL DIRECTOR Beckwith Funeral Home - Humansville, Mo				ADDRESS Humansville, Mo		25. DATE RECD. BY LOCAL REG. 10-9-1959		26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *S Percy F. Milster*

Licensed Embalmer No. 4805

P. O. Address *Dewach, Me*

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.