

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-009342  
State File No. ....

FILED VS MAR 3 1960

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 581

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>	d. In 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>Moll Nursing Home, Inc.</u>		e. STREET ADDRESS (If rural, give location) <u>1408 Woodhue Dr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chara</u> b. (Middle) <u>B.</u> c. (Last) <u>Bowden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2 Widowed</u>	8. DATE OF BIRTH <u>Nov 15, 1882</u>
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>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>Steve Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>OLIVER LEONARD BOWDEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. R.W. CHAPLINE, 1408 WOODHUE CRESTWOOD 21, MO.</u>	

18. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. DATE 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>			
		DUE TO (c) <u>4201</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	
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 Feb 11, 1960, to Feb 21, 1960, that I last saw the deceased alive on Feb 20, 1960, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles R. King, Jr. M.D.</u>		23b. ADDRESS <u>307 So. Euclid</u>		23c. DATE SIGNED <u>Feb 21, 1960</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/21/60</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hope, Arkansas</u>	

DATE REC'D BY LOCAL REG. <u>2-21-60</u>		REGISTRAR'S SIGNATURE <u>Jahn C. Murphy Md.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Pfitzinger Mortuary, Kirkwood, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

4601

**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 *Robert J. Gandy*.....  
Licensed Embalmer No. *4200*.....  
P. O. Address *Richmond 27*.....

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.