

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 30 1960

-60-031753

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 331

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY St. Francis		b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre, Mo.		a. STATE Mo.		b. COUNTY Wash.		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.		Length of stay in lb 7 days		c. CITY OR TOWN Hopewell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Mineral Pt. Rt. 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First Edna		Middle (NMN)		Last Bowles		Month Day Year Aug. 23 1960		
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-7-1910	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Washington County, Mo. USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Henry Head			13b. MOTHER'S MAIDEN NAME Ella Cain			14. NAME OF HUSBAND OR WIFE Charles Bowles		
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 Charles Bowles, Mineral Pt. Rt. 1 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) Gangrenous intestine							4 days	
DUE TO (b) Unbleeding hernia								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cancer of Ovary							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	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 <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from 8-27-60 to 8-28-60 and last saw her him alive on 8-23-60 Death occurred at 6-27-60 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Jan W. Taylor				(Degree or title) M.D.		22b. ADDRESS Bonne Terre, Mo		22c. DATE SIGNED 8-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-26-1960		23c. NAME OF CEMETERY OR CREMATORY Sunset Hills		23d. LOCATION (City, town, or county) (State) Potosi Missouri		
24. FUNERAL DIRECTOR Sparks		ADDRESS Potosi, Missouri		25. DATE RECD. BY LOCAL REG. Aug. 26, 1960		26. REGISTRAR'S SIGNATURE Ether Rindloff		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address 301 East High
Potosi, Misso

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.