

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 9 1960

-60-033653

Registration District No. 375 Primary Registration Distr. 6398 Registrar's No. 13

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union</u>		Length of stay in 1b <u>2 Hours</u>	c. CITY OR TOWN <u>Niangua</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mi. W of Grove Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 mi. E of Niangua</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Lawrence</u> Last <u>Bowden</u>			4. DATE OF DEATH Month <u>August</u> Day <u>25</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-23-1920</u>	9. AGE (last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Niangua, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Bowden</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Letterman</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret 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.	17. INFORMANT <u>James Baker Hartville, Mo.</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Laceration and contusion of brain tissues with subdural hemorrhage.</u> DUE TO (b) <u>depressed fracture of the skull which was apparently produced by a blow or blows from a blunt object.</u> DUE TO (c) <u>blunt object.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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)				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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Caused by assault at the hand of Richard Ollie what is the verdict of the coroners jury.</u>				
20c. TIME OF INJURY Hour <u>8:00</u> a.m. <u>P.m.</u> Month, Day, Year <u>8-25-60</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On H ghway M. West Gr. Spgs.</u>	20f. CITY, TOWN, OR LOCATION <u>Grove Springs</u>	COUNTY <u>Wright</u>	STATE <u>Mo. K</u>	
21. I <u>used</u> the deceased from <u>Aug 25, 1960</u> and last saw her <u>8:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Frank Seale Cooper</u> (Degree or title)		22b. ADDRESS <u>Min Grove Mo 912-60</u>		22c. DATE SIGNED <u>9-2-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-29-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graham</u>	23d. LOCATION (City, town, or county) (State) <u>Laclede County, Mo.</u>			
24. FUNERAL DIRECTOR <u>Carlos Bledsoe</u> ADDRESS <u>Hartville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-1960</u>	26. REGISTRAR'S SIGNATURE <u>Bennie Q Jones</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield

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