

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007415
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 68

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville	Length of stay in 1b yrs.	c. CITY OR TOWN Kirkville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Com. Nursing Home #1		d. STREET ADDRESS (If outside, give location) C.N.H.#1	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LEVI Middle M. Last BOWLES			4. DATE OF DEATH Month March Day 12 Year 1961		
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 4-16-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate broker		10b. KIND OF BUSINESS OR INDUSTRY Salesman (ret.)	11. BIRTHPLACE (City and state or country) Scotland Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Bowles		13b. MOTHER'S MAIDEN NAME Mellie Miller	14. NAME OF HUSBAND OR WIFE Etta Hawkins (D)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address John Bowles, Waterloo, Iowa.		

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) Medullary Failure			minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Systemic Toxemia		3 months
	DUE TO (c) Carcinoma of Larynx with Metastasis		18 months
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"/> N- <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.)	
20c. TIME OF INJURY Hour _____ s.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 Sept. 1, 1960 to March 12, 1961 and last saw ^{him} alive on March 11, 1961
Death occurred at Community Nursing Home #1 S.E.P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R. Freeman Tellez M.D.</i>	(Degree or title)	22b. ADDRESS <u>1402 E. Patterson, Kirkville, Mo.</u>	22c. DATE SIGNED <u>3/12/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <u>3-14-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kirkville, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Davis & Davis, Kirkville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-17-1961</u>	26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ BY AFFIDAVIT OF

R. Mc FARLANE
TILLY, D.D.

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 B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo.

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.