ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 224 Primary Registration District No. 5795 Registrar's No. 78 STATE FILE NUMBER 61-033638

FILED OCT 2 1961

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pilot Grove Township — Length of stay in 1b Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Latham – 2 Mi. south — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Moniteau
c. CITY OR TOWN Latham, Mo. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Pilot Grove Township — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Orley Middle Bert Last Bowles
4. DATE OF DEATH Month Sept. Day 5 Year 1961
5. SEX Male
6. COLOR OR RACE Cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/11/87
9. AGE (last birthday) 73 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Cooper Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Anderson B. owles
13b. MOTHER'S MAIDEN NAME Mary E. Blakeway
14. NAME OF HUSBAND OR WIFE Ollie Blankenship
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Ollie Bowles, Latham, Mo Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac hypertrophy & decompensation — INTERVAL BETWEEN ONSET AND DEATH 1 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial heart disease — 10 years
DUE TO (c) Coronary occlusion — 15 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1946 to Sept 5 1961 and last saw ~~her~~ him alive on Sept 4 1961
Death occurred at 5.15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edgar A. Kibby (Degree or title) M.D.
22b. ADDRESS California Mo
22c. DATE SIGNED 9/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 8, 61
23c. NAME OF CEMETERY OR CREMATORY Hopewell cem.
23d. LOCATION (City, town, or county) (State) Morgan Co., Mo.

24. FUNERAL DIRECTOR Kidwell Funeral H. ADDRESS Versailles, Mo.
25. DATE RECD. BY LOCAL REG. 9-11-61
26. REGISTRAR'S SIGNATURE Helen L. Depping

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

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_____ Signed Gene E. Bartram

Signature of Student Embalmer

Licensed Embalmer No. 4021

P. O. Address Versailles 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.