

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041717

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 417

STATE FILE NUMBER

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b	c. CITY OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth's Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS R#1,		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Coleman E Bowler			4. DATE OF DEATH Month Day Year November 24, 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1941	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New London, Mo.	12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Edward Bowler		13b. MOTHER'S MAIDEN NAME Carrie Chapman		14. NAME OF HUSBAND OR WIFE - - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT Address Mrs. Carrie Bowler, 601 Wilson Hannibal, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Extreme laceration of brain</i> DUE TO (b) <i>Fractured skull</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i> <i>Immediate</i>
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>In car struck by freight train at a grade crossing</i>			
20c. TIME OF INJURY Hour: 4:45 am: p.m.: 11 24 61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Paris Travel Road</i>	20f. CITY, TOWN, OR LOCATION <i>2 miles west of Hannibal</i>	COUNTY <i>Marion</i>	STATE <i>Mo</i>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <i>4:45 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Henry Sweet MD Coroner</i>			22b. ADDRESS <i>Hannibal</i>		22c. DATE SIGNED <i>11/27/61</i>
23b. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23c. DATE <i>Nov. 27, 1961</i>	23d. NAME OF CEMETERY OR CREMATORY <i>Fairview Cemetery</i>	23e. LOCATION (City, town, or county) <i>Frankford, Missouri</i>		
24. FUNERAL DIRECTOR H. M. O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. <i>Nov. 27, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Duchoy by Wilkin M. Thompson</i>		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

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 _____

Signature of Student Embalmer

Signed

J. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.