

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-005759

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 59

AMENDED

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| FILED FEB 21 1962 | |
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u> Length of stay in 1b <u>6Yrs +</u> | |
| c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS (If outside, give location) <u>802 S. Osage St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Miles Arthur Bowden</u> | |
| 4. DATE OF DEATH Month Day Year <u>Feb. 16 1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-28-1898</u> |
| 9. AGE (last birthday) <u>63</u> | 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) <u>construction work</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>same</u> |
| 11. BIRTHPLACE (City and state or country) <u>Holden, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Wally J. Bowden</u> | 13b. MOTHER'S MAIDEN NAME <u>Adella Galbreath</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Viola Alvin (dec.?)</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. <u>unk</u> |
| 17. INFORMANT Address <u>State Hospital No. 1, Fulton, Mo.</u> | |
| 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>Bronchial Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| 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 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. attended the deceased from <u>State Hospital No. 1</u> <u>11-5-1955</u> to <u>2/16/62</u> Death occurred <u>9:20 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <u>J. B. Jackson MD</u> | 22b. ADDRESS <u>Fulton, Missouri</u> |
| 22c. DATE SIGNED <u>2/17/62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>Feb-19-1962</u> |
| 23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u> | 23d. LOCATION (City, town, or county) <u>Sedalia, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Deane Cewing</u> ADDRESS <u>Sedalia, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Feb-17-1962</u> |
| 26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 B. C. Baker

Licensed Embalmer No. 2418
P. O. Address Seebach, 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.