

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018621
116 48

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Reg. District No. 128 Primary Registration District No. 2000 Registrar's No. 836

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ARCADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in lb 17 DAYS	c. CITY OR TOWN CONWAY R2
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 MI SOUTH
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM M BOWDEN			4. DATE OF DEATH Month Day Year MAY 23 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME SAMUEL BOWDEN		13b. MOTHER'S MAIDEN NAME LOUISA PRICE		14. NAME OF HUSBAND OR WIFE ETHEL	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ETHEL BOWDEN, CONWAY MO	Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY			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	
IMMEDIATE CAUSE (a) Pulmonary Infection			INTERVAL BETWEEN ONSET AND DEATH few days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				
DUE TO (b) PHE to thrombosis				
DUE TO (c)				

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 a.m. p.m.	Month, Day, Year	

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from May 6, 1962 to 5/23/62 and last saw her alive on 5/23/62
Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS 600 SOUTH 22ND ST E-KESTONE	22c. DATE SIGNED 5/28/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED	23b. DATE 5-23-1962	23c. NAME OF CEMETERY OR CREMATORY GRAHAM	23d. LOCATION (City, town, or county) (State) DARLERS CO MO
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24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD	ADDRESS 5-29-62	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 D.H. Penninger
 USE BLACK INK OR TYPEWRITER RIBBON

JUN 5 1962

Permit renewed 5-23-62

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address W. H. Brown

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.