

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020075

STATE FILE NUMBER

Registration District No. 216 Primary Registration District No. - Registrar's No. 244

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUN 12 1962

1. **PLACE OF DEATH**
 a. COUNTY St. Francois
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township Length of stay in 1b 2M; 8 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 4 Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before death)
 a. STATE Missouri COUNTY Cape Girardeau
 c. CITY OR TOWN Cape Girardeau Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1130 N. Frederick Reside on Farm Yes No

3. **NAME OF DECEASED** First Frankie Middle Ann Last Bowden 4. **DATE OF DEATH** Month May Day 22 Year 1962

5. **SEX** Female 6. **COLOR OR RACE** White 7. **Married** **Never Married**
Widowed **Divorced** 8. **DATE OF BIRTH** 3-22-1883 9. **AGE** (last birthday) 79

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Domestic - Housewife 10b. **KIND OF BUSINESS OR INDUSTRY** - 11. **BIRTHPLACE** (City and state or country) Vincennes, Ind. 12. **CITIZEN OF WHAT COUNTRY** USA

13a. **FATHER'S NAME** Henry Meurer 13b. **MOTHER'S MAIDEN NAME** Mary Miller 14. **NAME OF HUSBAND OR WIFE** Wiley G. Bowden

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) Unknown 16. **SOCIAL SECURITY NO.** Unknown 17. **INFORMANT** State Hosp. #4, Farmington, Mo. and Edward Bowden, Cape Girardeau, 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) Cerebral Hemorrhage - - - - - INTERVAL BETWEEN ONSET AND DEATH 6 days
 DUE TO (b) Cerebral arteriosclerosis - - - - - Unknown.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (c) - - - - -

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome due to senile brain disease. 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 May 16, 1962

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** May 22, 1962 COUNTY - STATE -

21. I attended the deceased from May 16, 1962 to May 22, 1962 and last saw her alive on May 22, 1962
 Death occurred at 8:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) John A. Brennan, M.D. 22b. **ADDRESS** State Hospital No. 4, Farmington, Missouri 22c. **DATE SIGNED** 5-23-62

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Burial 23b. **DATE** 5-25-1962 23c. **NAME OF CEMETERY OR CREMATORY** Memorial Park 23d. **LOCATION** (City, town, or county) (State) Cape Girardeau, Missouri

24. **FUNERAL DIRECTOR** Travis Shelby, East Prairie, Mo. ADDRESS - 25. **DATE RECD. BY LOCAL REG.** May 23, 1962 26. **REGISTRAR'S SIGNATURE** Ether Rudloff

USE BLACK INK OR TYPEWRITER RIBBON

VS
JAN 13 1962

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 Thomas Shelby

Licensed Embalmer No. 4940

P. O. Address East Plain, 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.