

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001288

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 9

STATE FILE NUMBER

FILED JAN 21 1963

DO NOT WRITE THIS STUB

AMENDED

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v. 4/59

425
420

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1200

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DATE AMENDED
4/3/63

INSTEAD OF
Mary R. Hood

SHOULD READ
Mary R. Hoard

ITEM NO.
136

DOCUMENT

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b. <u>7 days</u>	c. CITY OR TOWN <u>Calhoun</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>in Calhoun</u>
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>G</u> Last <u>Bowers</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-18-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Henry Co Mo</u>	9. AGE (last birthday) <u>90</u>
13a. FATHER'S NAME <u>John G Bowers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary R. Hoard</u>	14. NAME OF HUSBAND OR WIFE <u>Velma C</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>500-03-4887</u>	17. INFORMANT <u>Mrs Theron Clinton</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>Acute myocardial Infarctum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. - DUE TO (b) <u>arterial sclerotic heart disease</u>			
- DUE TO (c)			
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 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. I attended the deceased from <u>1-4-63</u> to <u>death</u> and last saw ^{her} him alive on <u>1-11-63</u> Death occurred at <u>10:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. R. Witzel, MD</u>		22b. ADDRESS <u>Clinton Mo</u>	22c. DATE SIGNED <u>1-14-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/13/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leeton cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Leeton Mo</u>
24. FUNERAL DIRECTOR <u>Sickman-Dunning FH</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 14 - 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Biggers</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 1 1963

1963

OCT 18 1963

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 *P. J. Dunning*

Licensed Embalmer No. 4910

P. O. Address Clinton 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.