

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-012852

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 81

FILED MAR 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. CHARLES</b>		Length of stay in 1b <b>8 YRS</b>	c. CITY OR TOWN <b>ST. CHARLES</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1101 No. BENTON</b>
3. NAME OF DECEASED (Type or print) First <b>ELIZABETH</b> Middle <b>HARRIS</b> Last <b>BOWEN</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>10</b> Year <b>1963</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 9, 1886</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	9c. AGE (last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	10c. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO</b>
11a. FATHER'S NAME <b>GEORGE HARRIS</b>		11b. MOTHER'S MAIDEN NAME <b>ELIZABETH CHRISTMAN</b>	11c. NAME OF HUSBAND OR WIFE <b>CHARLES M. BOWEN</b>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		13. SOCIAL SECURITY NO. [REDACTED]	
14. INFORMANT <b>CHARLES M. BOWEN</b>		Address <b>ST. CHARLES, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial Failure due to</b> <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (c) <b>Arteriosclerotic Cardiovascular Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>Unknown</b>
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 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
21. I attended the deceased from <b>July 1961</b> to <b>March 10, 1963</b> and last saw her alive on <b>March 10, 1963</b> . Death occurred at <b>2:40 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Don Z. Randall, M.D.</b>		22b. ADDRESS <b>220 S. 6th St. Charles, Mo.</b>	22c. DATE SIGNED <b>March 12, 1963</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>13 MARCH 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. LEBANON CEM.</b>	23d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>
24. FUNERAL DIRECTOR <b>PRINSTER-BAUR F. H.</b>		ADDRESS <b>ST. CHARLES, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>3-12-63</b>
26. REGISTRAR'S SIGNATURE <b>Margaret Wilson</b>			

USE BLACK INK OR TYPEWRITER RIBBON

SEP 24 1963

MAR 22 1963

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**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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address to Clark, 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.