

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032767

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 176 Primary Registration District No. 5652 Registrar's No. 23

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0550

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Greene</u>		c. CITY OR TOWN <u>Miller</u>	
Length of stay in 1b <u>Native</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jess Elbert Bowles</u>			4. DATE OF DEATH Month Day Year <u>8-31-1963</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>4-8-1888</u>
9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days <u>4 23</u>	IF UNDER 24 HR Hours Min. <u> </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	11. BIRTHPLACE (City and state or country) <u>Garmon Texas</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Dee Bowles</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Francis Pietcher</u>		14. NAME OF HUSBAND OR WIFE <u>Wesley Bowles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>Mrs. Hoba Bowles Miller Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary failure</u> DUE TO (b) <u>incontinence & debilitation</u> DUE TO (c) <u>Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u>
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>1-18-1963</u> to <u>8-31-1963</u> and last saw him alive on <u>8-31-63</u> Death occurred at <u>8:00</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh Baker MD</u>		22b. ADDRESS <u>Miller, Mo.</u>	22c. DATE SIGNED <u>9-6-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-2-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Round Grove</u>	23d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo</u>
24. FUNERAL DIRECTOR <u>Norman Seaman Miller Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-7-1963</u>	26. REGISTRAR'S SIGNATURE <u>W. S. Burney</u>

USE BLACK INK OR TYPEWRITER RIBBON

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5-09

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 *E. P. Seiman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.