# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047231

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 60

FILED JAN 2 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0130
2 8050
3
4 1
5 2
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7 0
8 2
9 481X
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12 900
13 20

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**1. PLACE OF DEATH**
a. COUNTY: Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hamilton — Length of stay in Ib: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Edna Bowen Home — Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Colo. b. COUNTY: Elpaso
c. CITY OR TOWN: Colorado Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: Irene — Middle: Inez — Last: Bowen

**4. DATE OF DEATH**: Month: Dec. Day: 27, Year: 1963

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
**8. DATE OF BIRTH**: 12/25/92
**9. AGE** (last birthday): 71
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life even if retired): Ret Hair Dresser
**10b. KIND OF BUSINESS OR INDUSTRY**: Beauty Shop
**11. BIRTHPLACE** (City and state or country): Caldwell, Co. Mo.
**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: Adam Henkins
**13b. MOTHER'S MAIDEN NAME**: Harriet Frazier
**14. NAME OF HUSBAND OR WIFE**: Robert C. Bowen

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of serv
**16. SOCIAL SECURITY NO.**
**17. INFORMANT**: Donald Bowen — Address: Denver, Colo.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Influenza 481X | 1 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Arteriosclerotic C.V. disease 4221 | 5 years |
| DUE TO (c) | Previous Coronary Occlusion 4201 | 4 yrs. |

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. ☐ 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
**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**: Hamilton — COUNTY: Caldwell — STATE: Mo.

MEDICAL CERTIFICATION

21. I attended the deceased from 12-27-63, to 12-27-63 and last saw her/him alive on 12-27-63
Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Frank R. Dailey M.D.
**22b. ADDRESS**: Hamilton, Mo.
**22c. DATE SIGNED**: 12-27-63

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 12/29/1963
**23c. NAME OF CEMETERY OR CREMATORY**: Rosehill Cemetery
**23d. LOCATION** (City, town, or county) (State): Breckenridge, Mo.

**24. FUNERAL DIRECTOR**: Morris A. Bram — ADDRESS: Hamilton, Mo.
**25. DATE RECD. BY LOCAL REG.**: 12-30-63
**26. REGISTRAR'S SIGNATURE**: Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

**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 Billie C. Gonder

Licensed Embalmer No. 4980

P. O. Address Hamilton, 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.