

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28780**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 5069		Registrar's No. 1910	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) _____ d. STREET ADDRESS (If rural, give location) Diehlstadt, Mo.			
3. NAME OF DECEASED a. (First) Ruby b. (Middle) Lee c. (Last) Bowen			4. DATE OF DEATH (Month) (Day) (Year) August 5th 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not Married		8. DATE OF BIRTH Sept 5th 1936	
9. AGE (In years last birthday) 12		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) Bakersville, Tennessee	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Kenneth Merrill Bowen		13b. MOTHER'S MAIDEN NAME Zelma Townsend		14. NAME OF HUSBAND OR WIFE Not Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Merrill Bowen, Diehlstadt, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure - Pulmonary Edema 2 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mitral valvular insufficiency DUE TO (c) Rheumatic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 mo 4 yrs. 4/6X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 3 Aug, 1949 , to 5 Aug, 1949 , that I last saw the deceased alive on 5 Aug, 1949 , and that death occurred at 8:10P m. , from the causes and on the date stated above.							
23a. SIGNATURE James P. King, M.D. (Degree or title)				23b. ADDRESS St. Mary's Hospital Richmond Heights		23c. DATE SIGNED 8/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-9-49		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG. 8-8-49		REGISTRAR'S SIGNATURE Herbert R. Alonzo, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe Inc. 4700 Washington			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer.

Signed *Elmo D. Sadwell*

Licensed Embalmer No. *4077*

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.