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FILED NOV 8 1949THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36081

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6226</u>		Registrar's No. <u>172</u>		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deerfield Co. Twp.</u>		c. LENGTH OF STAY (In this place) <u>11 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deerfield, Mo. Rural Co. Twp.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Rural Route #1, Ft. Scott, Ks.</u>				d. STREET ADDRESS (If rural, give location) <u>RR#1, Fort Scott, Ks.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Bowen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct., 26, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 22, 1903</u>		
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Deerfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Silas D. Carpenter</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie Grant</u>			14. NAME OF HUSBAND OR WIFE <u>J. Andrew Bowen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Andrew Bowen, Pt. 1, Ft. Scott, Mo.</u> ADDRESS _____				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease with fibrous auricular fibrillation.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>442X</u>						
19a. DATE OF OPERATION <u>Nov</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>June</u> , 1948, to <u>26 Oct</u> , 1949, that I last saw the deceased alive on <u>26 Oct</u> , 1949, and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edward P. Randles MD</u> (Degree or title)				23b. ADDRESS <u>Fort Scott, Ks</u>		23c. DATE SIGNED <u>10/27/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>30 Oct. 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deerfield</u>		24d. LOCATION (City, town, or county) (State) <u>Deerfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Nathaniel H. Hancock</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Mortuary, Fort Scott, Kans.</u> ADDRESS _____				

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

RECEIVED
District Health Officer No. 7
District File Number 10-49-12
Date Filed 11-7-42

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 _____

Walter L Brown Student Embalmer No. Kansas #1287

working under my personal supervision.

Signed Walter L Brown
Student Embalmer

Signed [Signature]
Licensed Embalmer No. Mo. #2080

P. O. Address Fort Scott, Kansas

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.