

No. 300
10. 48

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5766 State File No. 1783
3043 Registrar's No. 27

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakwood	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakwood	0640
d. FULL NAME OF HOSPITAL OR INSTITUTION 3602 Tilden Ave.		d. STREET ADDRESS (If rural, give location) 3602 Tilden Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) THEODORE	b. (Middle) PETER	c. (Last) BOWDEN	4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar. 25, 1901	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Roofing Co.	11. BIRTHPLACE (State or foreign country) Keokuk, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.			

13a. FATHER'S NAME Edwin Bowden	13b. MOTHER'S MAIDEN NAME Catherine Carroll	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. World war 2	17. INFORMANT'S SIGNATURE OR NAME Raymond Bowden, Oakwood, Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH Approx. 1 yr 002X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **1-13-50** Only, to _____, 19____, that I last saw the deceased alive on **1-13-50**, and that death occurred at **3:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS 100 N. Sixth, Hannibal, Mo.	23c. DATE SIGNED 1-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1/31/50	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Keokuk, Iowa
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DATE REC'D BY LOCAL REG. 2-2-50	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Hannibal, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

640

RECEIVED FEB 3 1950
MARK O. HEALTH DEPT.
DATE FILED FEB 3 1950

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

Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal 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 this body is not embalmed, fact should be so stated above.