

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9425

State File No.

FILED MAR 23 1950

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LABELLE</u>		<u>1560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>WARREN</u>		c. (Last) <u>BOWLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 15 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7 MAY 1874</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u> IF UNDER 1 HRS. Hours <u>8</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>0</u> <u>MARION COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>JOHN M. BOWLES</u>		13b. MOTHER'S MAIDEN NAME <u>ARTIMECA SAMUELS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ANNE BOWLES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas P. Bowles</u> ADDRESS <u>LABELLE, MO</u>			
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) <u>Hemiplegia Cerebral Vessel</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Diabetes</u> 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>1WK</u> <u>?</u> <u>10 yrs.</u> <u>360X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>3/12</u> , 19 <u>50</u> , to <u>3/15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>50</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry B. Williams, D.O.</u>		(Degree or title)		23b. ADDRESS <u>Gibson Hospital, Edina</u>		23c. DATE SIGNED <u>3/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 18</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Durham Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Durham Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-17-50</u>		REGISTRAR'S SIGNATURE <u>Nelly S. Hunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball Ewing</u>		ADDRESS <u></u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 20 1950

District Health Officer No. 1

District File Number 3-58-4

Date Filed MAR 20 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 X Thomas Ball

Licensed Embalmer No. 1744

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.