S. No. 300
v. 10.48

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9829

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 97

0804 0

Mr. Carlisle

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

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA
c. LENGTH OF STAY (in this place): one year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOTHWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA 0804 0
d. STREET ADDRESS (If rural, give location): 641 EAST 11th

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): S
c. (Last): BOUR

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1950

5. SEX: ~~M~~ F.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 16, 1862
9. AGE (In years last birthday): 87 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cooper Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James A. Amick
13b. MOTHER'S MAIDEN NAME: Melissa Koontz
14. NAME OF HUSBAND OR WIFE: John Bour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: J. Coy Bour, K.C. Court of Appeals, K.C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis. With Pulmonary Edema. — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) Arterio Sclerosis, Advanced. — Over 1 year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Bronchitis. — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Medical treatment only.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4221
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* over 30 days, 19__, *to* March 12th, 1950, *that I last saw the deceased alive on* March 12th, 1950, *and that death occurred at* 7.28 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jno. B. Carlisle, M.D. Jno B. Carlisle M.D.
23b. ADDRESS: Sedalia, Missouri.
23c. DATE SIGNED: 3-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 15, 1950
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Mo.

DATE REC'D BY LOCAL REG.: 3-14-19__
REGISTRAR'S SIGNATURE: A. C. Campbell M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Dw Heckart Sedalia Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 20
District Health Officer No. 8,

District File Number .....

Date Filed 3-23-50

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 D. W. Heckart

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.