

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 17211

0500  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 1249 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsboro</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Wellsboro</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		OR TOWN <u>Wellsboro</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>101 S. 5th St.</u>	
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH EDITH BOWSLAUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 23 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) <u>73</u>
11. BIRTHPLACE (State or foreign country) <u>Jefferson County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Helbig</u>		13b. MOTHER'S MAIDEN NAME <u>Wilbur</u>	
14. NAME OF HUSBAND OR WIFE <u>Arthur Bowslough</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Bowslough</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. ADDRESS <u>Wellsboro</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma, with pleural effusion, involving pelvic glands.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) lymph glands, inguinal glands.</u>		DUE TO (b) <u>lymph glands, inguinal glands.</u>	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		1991	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____		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>Jan 1948</u> , to <u>May 18, 1950</u> , that I last saw the deceased alive on <u>May 17, 1950</u> , and that death occurred at <u>12:30 m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>		23b. ADDRESS <u>Wellsboro, Mo.</u>	
23c. DATE SIGNED <u>5-18-50</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 20 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellsboro Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Dietrich</u>	
DATE REC'D BY LOCAL REG. <u>5-19-1950</u>		REGISTRAR'S SIGNATURE <u>Katherine Marsden</u>	
25. ADDRESS <u>Wellsboro Mo</u>		25. ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

1951

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DATE RECEIVED 4-22-50

JEFFERSON COUNTY HEALTH DEPT.  
MILLSBORO, MISSOURI

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 \_\_\_\_\_

*Perry F. Milster*

Student Embalmer No. 346

working under my personal supervision.

Student *Perry F. Milster*  
Student Embalmer

Signed *Donnell B. Dietrich*

Licensed Embalmer No. 4104

P. O. Address *Dept no*

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.