

Myers 19179
State File No.

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

BIRTH NO.		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6254		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give town or township) Lodi		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Lodi		1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 1110			
3. NAME OF DECEASED (Type or Print) Lida		a. (First)		b. (Middle) Alice		c. (Last) Barbs	
4. DATE OF DEATH		(Month) April		(Day) 8		(Year) 1950	
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 31, 1887	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Wayne County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.H.	
13a. FATHER'S NAME Charles Watkins		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Luther Barbs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Charles Barbs		ADDRESS Lodi, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 331X							
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) Lodi Wayne Mo			
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 —, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 4:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Harwin E. Bowles				23b. ADDRESS Piedmont, Mo		23c. DATE SIGNED 4/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-50		24c. NAME OF CEMETERY OR CREMATORY Camp Eight		24d. LOCATION (City, town, or county) (State) Near Greenville Mo.	
DATE REC'D BY LOCAL REG. May 10 - 50		REGISTRAR'S SIGNATURE Mabel Beasley		FUNDRAISING DIRECTOR'S SIGNATURE N. W. Dick		ADDRESS Piedmont, Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAY 15 1950

WAYNE CO. HEALTH CENTER

FILE No. 550-⁶⁵⁴~~655~~

MAY 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 _____

Marvin E. Bowles

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.