

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19379

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 776

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 2004 Jones, Street	

3. NAME OF DECEASED (Type or Print) a. (First) Dora	b. (Middle) *****	c. (Last) Bowlin	4. DATE OF DEATH (Month) (Day) (Year) June 28, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1893
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (State or foreign country) Cosby, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Cosby, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Calvin Reiley	13b. MOTHER'S MAIDEN NAME unknown Lou Jeffries	14. NAME OF HUSBAND OR WIFE Chester A. Bowlin
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-07-5984 none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Charles C. Bowlin - St. Joseph, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Nephritis		DUE TO (b) Arteriosclerosis		Ukn
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) Hypertension		Ukn
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		Hypertensive Heart Disease		Ukn

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) ✓	21e. INJURY OCCURRED WHILE AND AT WORK <input checked="" type="checkbox"/> NOT WHILE AND AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from June 23, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 8:43a m., from the causes and on the date stated above.

23a. SIGNATURE Wm H. Tracy	(Degree or title) M. D.	23b. ADDRESS The Tootle Building St. Joseph, Missouri	23c. DATE SIGNED 6-29-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 30, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. July 3, 1950	REGISTRAR'S SIGNATURE E. C. Jenkins 382	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Blamey Funeral Home - St. Joseph, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Charles M. Hanna*

Licensed Embalmer No. *487*

P. O. Address *St. Joseph*

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.