

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34969
8709

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY-REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 206.9</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6 4815 Easton 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>F.</u> c. (Last) <u>Jowers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 50</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SEP.</u>		8. DATE OF BIRTH <u>Jan. 4, 1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/> <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Searcy, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <input checked="" type="checkbox"/> <u>James E. Jowers</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Martha</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martha Jowers Jonesboro, Ark.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Progressive thrombosis of basilar artery</u>				ANTECEDENT CAUSES <u>ibid</u>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ibid</u>				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>322X</u>				
22. I hereby certify that I attended the deceased from <u>October 10, 1950</u> , to <u>October 14, 1950</u> , that I last saw the deceased alive on <u>October 14, 1950</u> , and that death occurred at <u>4:25 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. A. Sasator M.D.</u>				23b. ADDRESS <u>Barnes Hospital, St. Louis</u>		23c. DATE SIGNED <u>10-14-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jonesboro</u>		24d. LOCATION (City, town, or county) (State) <u>Ark.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 16 1950</u>		REGISTRAR'S SIGNATURE <u>J. A. Sasator</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u>				



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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Van M Szemore*

Signed.....

Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St Louis 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.