

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36395

State File No. ....

0180

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 4087 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Carter</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>Van Buren</b> c. LENGTH OF STAY (In this place) <b>1 yr.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Carter</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Van Buren</b> d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Mae</b> c. (Last) <b>Bowen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-26-50</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-28-1879</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Reynolds Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>William Moore</b>	
14. MOTHER'S MAIDEN NAME <b>Frances E Hanger</b>		15. NAME OF HUSBAND OR WIFE <b>Hershall Bowen</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterial hypertension</b> DUE TO (c) <b>and arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>6 yrs.</b>	
19a. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION	
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) <b>3.31X</b>		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 <b>1-8</b> , 19 <b>50</b> , to <b>11-26</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>11-21</b> , 19 <b>50</b> , and that death occurred at <b>4 A:</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Frank J. Racinski D.O.</b>		23b. ADDRESS <b>2 Van Buren, Mo.</b>	
23c. DATE SIGNED <b>11-26-50</b>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>11-28-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Van Buren Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Van Buren, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Phil A. Leuckel</b>	
DATE REC'D BY LOCAL REG. <b>Dec 2-1950</b>		REGISTRAR'S SIGNATURE <b>Mrs Oeta Benson</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>Van Buren, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 6 1950

DISTRICT HEALTH OFFICE No. C

File No. ....

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 11-26-

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Phil A. Leuchter

Licensed Embalmer No. 2936

P. O. Address Van Buren Two

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.