

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3529

State File No. _____

FILED FEB 5 1951

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6168</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Lincoln</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Lincoln</u>		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Salmon Mo R #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>W. J. J.</u>		b. (Middle) <u>Bowling</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 28 - 1870</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>3</u>		11. DAYS <u>12</u>		12. IF UNDER 14 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13a. FATHER'S NAME <u>Benjamin Bowling</u>		13b. MOTHER'S MAIDEN NAME <u>Julia White</u>		14. NAME OF HUSBAND OR WIFE <u>Hulda Bowling</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. INFORMANT'S SIGNATURE OR NAME <u>Hulda Bowling</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of neck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4 years</u> <u>1991</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		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>Dec 8, 1946</u> , to <u>Jan 10, 1951</u> , that I last saw the deceased alive on <u>Jan 8, 1951</u> , and that death occurred at <u>1103 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. J. Murrell</u>		23b. ADDRESS <u>M. D. Crane Mo.</u>		23c. DATE SIGNED <u>1-14-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mason</u>		24d. LOCATION (City, town, or county) (State) <u>Crane Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 17 - 51</u>		REGISTRAR'S SIGNATURE <u>Lena Murray-Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Manlove</u>		ADDRESS <u>Crane Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1040

DIVISION OF HEALTH OF MO.
L. and H. B. 5 - Springfield

RECEIVED JAN 31 1951

Dist. File 151-269

Date Filed 1-31-51

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, only

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed George H. Monlor
Licensed Embalmer No. 3827

P. O. Address Crane 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.