

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4984

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (In this place) 32yrs		d. STREET ADDRESS (If rural, give location) 1322 S. Hocker	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1322 S. Hocker		d. STREET ADDRESS (If rural, give location) 1322 S. Hocker	
3. NAME OF DECEASED (Type or Print) a. (First) MISSOURI b. (Middle) ANN c. (Last) BOWLES			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 13, 1860
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife	11. BIRTHPLACE (State or foreign country) McKinney Texas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME G.W. Lindsey		13b. MOTHER'S MAIDEN NAME Elizabeth Ray	14. NAME OF HUSBAND OR WIFE Fletcher Bowles Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Chas. Bowles Indep, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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.			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
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?			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles A. Owens Curator		23b. ADDRESS 1034 Park Bldg	
23c. DATE SIGNED 2-20-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 21, 1951	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Independence, Mo	
DATE REC'D BY LOCAL REG. Feb. 20-1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Mitchell Indep., Mo.	
REGISTRAR'S SIGNATURE James A. Galt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Mitchell Indep., Mo.	

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

0485

0485

MAR 2 REED

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Henry S. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address Indep. 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.