

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12212

Registrar's No. 336

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>336</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Eye</u> <u>1040</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Maria</u> c. (Last) <u>Bowman</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 18, 1910</u>	
9. AGE (In years last birthday) <u>40</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Blue Eye, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jones</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Nancy Bowman</u> ADDRESS <u>Blue Eye, Mo</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>Pulmonary embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Thyroidectomy</u> DUE TO (c) <u>Toxic nodular goiter</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Remondous obesity of Nutcracker type</u>			
19a. DATE OF OPERATION <u>4-12-51</u>				19b. MAJOR FINDINGS OF OPERATION <u>Very large adenoma of R. lobe</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>2521</u>			
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 <u>3/16</u> , 19 <u>51</u> , to <u>4/14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>51</u> , and that death occurred at <u>2:29</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. J. Doubler</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Springfield, Mo.</u>			
23c. DATE SIGNED <u>4-17-51</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>4/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Eye, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-18-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Holt</u> ADDRESS <u>Home - Harrison</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 L. C. Holt

Licensed Embalmer No. 819

P. O. Address Harrison, Ark

**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.