

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13025

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4486 Registrar's No. 66

496

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Carl Junction</u>	c. LENGTH OF STAY (If in this place) <u>68 yrs.</u>	c. CITY OR TOWN <u>Carl Junction, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 S. Roney</u>		d. STREET ADDRESS (If rural, give location) <u>405 S. Roney</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>L.</u> c. (Last) <u>Bowers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-23-1866</u>	9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months <u>9</u> Days <u>27</u>	# UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Lawrence</u>	13b. MOTHER'S MAIDEN NAME <u>Mariah (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>John Bowers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margie Bowers (daug)</u> ADDRESS <u>Carl Junction MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastasis</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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>170X</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 April 18, 1951, to April 21, 1951, that I last saw the deceased alive on April 21, 1951, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Pemberton M.D.</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Carl Junction MO</u>	23c. DATE SIGNED <u>4/23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-23-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, MO</u>
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DATE REC'D BY LOCAL REG. <u>Apr 23-51</u>	REGISTRAR'S SIGNATURE <u>J. R. Stretcher M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Roney</u> ADDRESS <u>Carl Junction, MO</u>
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RECEIVED 5-1-51  
Jasper County Health Office

County File Number 57/4/348

Date Filed 5-1-51

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, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Harvey E. Arme

Licensed Embalmer No. 462

P. O. Address Well City, 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.