

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13318

State File No.

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. ✓

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg, Mo</u> <u>Moreau</u>	
c. LENGTH OF STAY (In this place) <u>30 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Clarksburg, Mo</u> <u>0680</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clarksburg, Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alpha</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Toler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 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>Nov 19. 1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u> Hours <u></u> Mins. <u></u>	IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rent</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James L. Bowlin</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah A. Allee</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J. Ray Well</u> ADDRESS <u>Clarksburg</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</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 <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from July 2, 1948 to 4-27, 1951, that I last saw the deceased alive on 4-26, 1951, and that death occurred at 10/45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenneth Latham M.D.</u>	23b. ADDRESS <u>California, Ind.</u>	23c. DATE SIGNED <u>4-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 29, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Pleasant Comt.</u>	24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/29/51</u>	REGISTRAR'S SIGNATURE <u>Deputy Registrar Suedeh Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Bowlin</u> ADDRESS <u>California</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

680

270

RECEIVED 5-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number

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 Earl R. Bowler

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California, Ill.

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.