

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26342**
64

FILED AUG 22 1951

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5181** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cape Girardeau 0160		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Appleton Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Appleton Mo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Oak Ridge Rd 0165	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Bowers			4. DATE OF DEATH (Month) (Day) (Year) Aug 10 51		
5. SEX MO	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 22 - 1890		9. AGE (In years) (Month) (Day) (Year) 60 8 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. O	
13a. FATHER'S NAME Andy Bowers			13b. MOTHER'S MAIDEN NAME Matilda Moore		14. NAME OF HUSBAND OR WIFE Mary Agnes Lape Bowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Bowers R² Oak Ridge, Mo.		

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Lung			INTERVAL BETWEEN ONSET AND 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. Aortic Stenosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X			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)	
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 July 20 , 19 51 , to July 30 , 19 51 , that I last saw the deceased alive on July 30 , 19 51 , and that death occurred at 11:10 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE R D Blaylock MD (Degree or title)			23b. ADDRESS Oak Ridge Mo		23c. DATE SIGNED 8-16-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-14-51	24c. NAME OF CEMETERY OR CREMATORY Canev Fork		24d. LOCATION (City, town, or county) (State) Cape Girardeau County Mo.

DATE REC'D BY LOCAL REG. Aug 16 51		REGISTRAR'S SIGNATURE D. J. Sailer 43		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seabast. Laird Jackson, Mo.	
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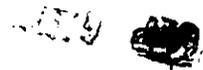
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 21 1951

DISTRICT HEALTH OFFICE No. 6

File No.....



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 R. O. Laird

Signed.....
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.