

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

596 State File No. 27765

FILED SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Permiscol 0780</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Permiscol</u>	
b. CITY OR TOWN <u>Rural Little Plains</u>		c. CITY OR TOWN <u>Rural Little Plains</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>4 mi west of Caruthersville</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bobby</u>	b. (Middle) <u>RAY</u>	c. (Last) <u>BOWENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-24-1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Mar-28-1950</u>	9. AGE (In years last birthday) <u>1</u>	10. UNDER 1 YEAR (Months) (Days) <u>4 26</u>	11. UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Permiscol County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Loewis W. Bowens</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Bird</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Bowens</u>	ADDRESS <u>Caruthersville, 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>Unknown-this baby died without Medical attention</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7955</u>	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)
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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 _____, 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.

23. SIGNATURE <u>James A. Rubin</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Wardell, Mo.</u>	23c. DATE SIGNED <u>8-25-51</u>
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24. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-30-1951</u>	REGISTRAR'S SIGNATURE <u>Fred B. Wicker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. A. Farris</u>	ADDRESS <u>und. G. Caruthersville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-51-208

Rec. AUG 31 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

CHARLES E. MUNGLE

Student Embalmer No. 423

working under my personal supervision.

Student Charles E. Mungle
Student Embalmer

Signed

Noel C. Dorse

Licensed Embalmer No. 3941

P. O. Address

Caruthersville, 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.