

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37922

0530

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BARING</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>HARLEY</u>	
c. (Last) <u>BOWEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-13-1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June-10-1908</u>
9. AGE (In years last birthday) <u>43</u>		10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Knox County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Keller Bowen</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie S. Bowen</u>	
14. NAME OF HUSBAND OR WIFE <u>W.M. Bowen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>W.M. Bowen</u> ADDRESS <u>Nokaty, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Alcohol Poisoning</u> ANTECEDENT CAUSES Due to (b) <u>Ingestion of Anti Freeze</u> Due to (c) <u>ib suicide attempt</u> 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 ☐ NO ☐			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Baring</u> (COUNTY) <u>Knox</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-11-51-5P.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
21f. HOW DID INJURY OCCUR? <u>Drank Freeze anti freeze</u>			
22. I hereby certify that I attended the deceased from <u>11-11</u> , 19 <u>51</u> , to <u>11-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>51</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ketch Hudson</u> (Degree or title) _____		23b. ADDRESS <u>Edina, Mo.</u>	
23c. DATE SIGNED <u>11-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE _____	
24c. NAME OF CEMETERY OR CREMATORY <u>Greensburg</u>		24d. LOCATION (City, town, or township) <u>Knox Co. Baring, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 15-1951</u>		REGISTRAR'S SIGNATURE <u>Will S. Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ketch Hudson</u>		ADDRESS <u>Edina</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 17 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-24
Date Filed: NOV 17 1951

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

Keith Hudson

Licensed Embalmer No. *2415*

P. O. Address *Edin 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.