

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9593

FILED MAR 24 1952

940
2

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

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give town) Farmington		c. LENGTH OF STAY (In this place, town, city, or village) 2y, 4m, 14d		c. CITY (If outside corporate limits, write RURAL and give township) as. TOWN Irondale		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4				d. STREET ADDRESS Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle) W.		c. (Last) BOWLING		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH March 4, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0	IF UNDER 1 HR. Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ste. Genevieve County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Bowling			13b. MOTHER'S MAIDEN NAME Mary Virginia Detchemendy		14. NAME OF HUSBAND OR WIFE Anna Chandler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital No. 4, Farmington, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH abt. 24 hrs.	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease				Unknown	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Psychosis with cerebral arteriosclerosis. 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"/>	
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)		4200	
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 Aug. 28, 1951, to March 4, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 4:00 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 3-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-6-52		24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		24d. LOCATION (City, town, or county) (State) Farmington, Missouri	
DATE REC'D BY LOCAL REG. Mar. 6, 1952		REGISTRAR'S SIGNATURE [Signature] 289.0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home, Farmington, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Paul K. Royal*

Licensed Embalmer No. *4120*

P. O. Address *Leesville, 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.