No. 300
10.48

ILED MAY 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15505

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 42

030

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

1. PLACE OF DEATH
a. COUNTY: Atchison Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax Mo
c. LENGTH OF STAY (in this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairfax Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Langdon Mo
d. STREET ADDRESS (If rural, give location): 0030

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Emmett
c. (Last): Bowers

4. DATE OF DEATH (Month) (Day) (Year): May 13 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept - 15 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 7, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Post Master
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Langdon Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: George Bowers
13b. MOTHER'S MAIDEN NAME: Bertha Beasing
14. NAME OF HUSBAND OR WIFE: Ida Rather Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 500-14-5819
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Emmett Bowers - Langdon Mo — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Over exertion cleaning premises due to flood.
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: 4343
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/13/, 19 52 *to* 5/13/, 19 52 *that I last saw the deceased alive on* 5/13/, 19 52, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. A. Reuter M.D.
23b. ADDRESS: Rockport, Mo.
23c. DATE SIGNED: 5/6/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 16, 1952
24c. NAME OF CEMETERY OR CREMATORY: Hunter Cemetery
24d. LOCATION (City, town, or county) (State): Rock - Port Mo

DATE REC'D BY LOCAL REG.: May 17, 1952
REGISTRAR'S SIGNATURE: Marvin H. Schaefer 443
25. FUNERAL DIRECTOR'S SIGNATURE: C. E. Bertram — ADDRESS: Rock Port Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1962

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 C E Burham, Student Embalmer No. ....., working under my personal supervision.

Signed C E Burham

Signed ..... Student Embalmer

Licensed Embalmer No. 1764

P. O. Address Rock Port 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.