No. 300
10.48

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

FILED MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15541

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 30

1. PLACE OF DEATH

a. COUNTY: Barton

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Barton

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar 0061

d. STREET ADDRESS (If rural, give location): 1503 Grand 0

3. NAME OF DECEASED (Type or Print)

a. (First): IRA

b. (Middle): (NMI)

c. (Last): BOWLING

4. DATE OF DEATH (Month) (Day) (Year): May 18 1952

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0

8. DATE OF BIRTH: Sept 1 1875

9. AGE (In years last birthday): 75 — If under 1 year: Months 8, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Steam fitter

11. BIRTHPLACE (State or foreign country): Rogersville, Tennessee /

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Robert L. Bowling

13b. MOTHER'S MAIDEN NAME: Martha McMillin

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: William Bowling, Lamar, Missouri

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): Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): old age

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: 4201

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) LAMAR (COUNTY) Barton (STATE) Mo

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* April, 19 52 *to* May 18, 19 52 *that I last saw the deceased alive on* May 18, 19 52, *and that death occurred at* 12:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. Fuechner (Degree or title) M.D.

23b. ADDRESS: LAMAR

23c. DATE SIGNED: 5-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: May 20 1952

24c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery

24d. LOCATION (City, town, or county) (State): Lamar, Missouri

DATE REC'D BY LOCAL REG. MAY 20 1952

REGISTRAR'S SIGNATURE: Marie Konantz

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Konantz Funeral Home, Lamar, 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Earl F. Monantz

Signed.....
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.