

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15912

State File No.

326-34 0251
326-34-4

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

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>C. Clinton</u>		2. USUAL RESIDENCE (When deceased lived in institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u>		d. STREET ADDRESS (If rural, give location) <u>0250</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Bailey Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) _____ c. (Last) <u>BOWERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 8, 1879</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>DENVER, CO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>HERMAN DIRCH</u>	13b. MOTHER'S MAIDEN NAME <u>HENRIETTA WETZEL</u>	13c. NAME OF HUSBAND OR WIFE <u>GILES BOWERS deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene Bowers York, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>central sclerosis</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 <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) <u>4221</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>Feb. 16, 1951</u> , to <u>May 3, 1952</u> , that I last saw the deceased alive on <u>May 3, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. D. Kunes MD</u>		23b. ADDRESS <u>Cameron, Mo</u>	23c. DATE SIGNED <u>5-12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LATHROP CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LATHROP MO</u>
DATE REC'D BY LOCAL REG. <u>5-19-52</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss CRUNK Cameron MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1968

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 *W. M. Clark* _____

Licensed Embalmer No. *2533* _____

P. O. Address *Common. 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.