

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **26917**

FILED JUL 22 1952		REG. DIST. NO. 357		PRIMARY REG. DIST. NO. 6211		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY TEXAS 1070				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give township) PLATO		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) PLATO		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle) SULVESTER		c. (Last) BOWEN	
4. DATE OF DEATH 7-11-1952		5. SEX MALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 12-27-1873		9. AGE (In years last birthday) 78		10. MONTHS 7		11. DAYS 16	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) PLATO, MO		15. CITIZEN OF WHAT COUNTRY? USA	
16. FATHER'S NAME JOSEPH J. BOWEN		17. MOTHER'S MAIDEN NAME MARGARET JOHNSON		18. NAME OF HUSBAND OR WIFE IDA BOWEN		PLATO	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		20. SOCIAL SECURITY NO. NONE		21. INFORMANT'S SIGNATURE OR NAME IDA BOWEN		ADDRESS PLATO MO	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardio Respiratory failure DUE TO (b) Arteriosclerotic degenerative Decompensative Heart Disease DUE TO (c) Cardio-Vascular Renal disease (Uremia) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable Carcinoma of Colon (Primary)				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No Operation		42.00 H		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June 10, 1951 , to July 6, 1952 , that I last saw the deceased alive on July 6, 1952 and that death occurred at 2:55 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE D. J. Burns, MD		(Degree or title)		23b. ADDRESS Houston, Mo		23c. DATE SIGNED 7/12/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-13-52		24c. NAME OF CEMETERY OR CREMATORY CENTRAL		24d. LOCATION (City, town, or county) (State) TEXAS CO. MO	
DATE REC'D BY LOCAL REG. 7-16-52		REGISTRAR'S SIGNATURE Evan Pickett		25. FUNERAL DIRECTOR'S SIGNATURE Elliott Funeral Home		ADDRESS Houston Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Frank E. Wood

Licensed Embalmer No.

4026

P. O. Address

Houston, 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.