S. No. 300
v. 10-48

FILED SEP 15 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27168

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 961

**1. PLACE OF DEATH**
a. COUNTY Buchanan 0117 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph
c. LENGTH OF STAY (in this place) 1 yr. 3 mo. 10 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph 0117
d. STREET ADDRESS (If rural, give location) 723. So. 11th St.

**3. NAME OF DECEASED** (Type or Print) a. (First) Beverly b. (Middle) Jane c. (Last) Bowlin

**4. DATE OF DEATH** (Month) Sept. (Day) 9- (Year) 1952

**5. SEX** Female 1
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed 2
**8. DATE OF BIRTH** May 5 1923
**9. AGE** (In years last birthday) 29 — IF UNDER 1 YEAR Months 4 Days 4 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housekeeping
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) Ottawa Ill 1
**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME** unknown
**13b. MOTHER'S MAIDEN NAME** Ella Gime
**14. NAME OF HUSBAND OR WIFE** Edgar Bowlin

**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.** none
**17. INFORMANT'S SIGNATURE OR NAME** Frank Bonnett Court House ADDRESS St Jos. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus

ANTECEDENT CAUSES

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

DUE TO (b) no facts

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 174X
**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* July 29, 1952, *to* Aug. 9, 1952, *that I last saw the deceased alive on* Aug. 8, 1952, *and that death occurred at* 3. A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Forrest Thomas (Degree or title) M.D. 0
**23b. ADDRESS** St Joseph Mo % State Hosp. no 2
**23c. DATE SIGNED** 9/9-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Cadaver burial
**24b. DATE** 9-10-1952
**24c. NAME OF CEMETERY OR CREMATORY** Odd Fellows Public Cem. Kirksville D.D.
**24d. LOCATION** (City, town, or county) (State) St Joseph Kirksville, Missouri

**DATE REC'D BY LOCAL REG.** Sept 11, 1952
**REGISTRAR'S SIGNATURE** Carl C. Casty 446
**25. FUNERAL DIRECTOR'S SIGNATURE** John C. Cupp ADDRESS St. Joseph, 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.

Signed John E. Rupp

Signed .....
Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.

State of Missouri } ss.
County of Buchanan

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 97168
Local Registrar's No. 961

On this 17th day of September, 1952, before me appears John E. Rupp, who, upon his oath, states that the original record of death for Beverly Jane Bowlin died September 9, 1952, in the State of Missouri, and which was filed at St. Joseph on 9-12, 1952, should be corrected as follows:

Item No. 24c should read Odd Fellows Public Cemetery
Instead of Kirksville College of Osteopathy

Item No. 24a should read Burial
Instead of Use as cadaver

Item No. 24d should read St. Joseph, Missouri
Instead of Kirksville, Missouri

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John E. Rupp undertaker
Relationship.

6054 Pryor Ave.,
St. Joseph, Missouri
Present Address.

Subscribed and sworn to before me this 17th day of September, 1952

My Commission expires March 30, 1955 Julia L. Rupp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
0M—4-43
I X36667

1952
S-27168