

STANDARD CERTIFICATE OF DEATH

28620

State File No.

No. 300
10.48

SEP 6 - 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3644 Registrar's No. 83

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY <u>Lafayette</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> | |
| c. LENGTH OF STAY (In this place) <u>6 wks.</u> | | d. STREET ADDRESS (If rural, give location) <u>9th & Main St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodloe Rest Home</u> | | | |

| | | | | | |
|---|---|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>GEORGE BOWERS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1952</u> | | |
| a. (First) | b. (Middle) | | c. (Last) | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>October 27, 1870</u> | | 9. AGE (In years last birthday) <u>81</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>George Bowers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Barbara Toppe</u> | | 14. NAME OF HUSBAND OR WIFE <u>XXX</u> | |
|---|--|--|--|--|--|

| | | | | | |
|--|--|-------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Forrest Bowers</u> ADDRESS <u>Lexington, Mo.</u> | |
|--|--|-------------------------------------|--|---|--|

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Years</u> | |
| <p><small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small></p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis Heart Disease</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Benign Hypertrophy of the prostate Glands</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) | |
|--|--|--|--|---|--|

| | | | | | |
|--|--|---|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
|--|--|---|--|----------------------------|--|

22. I hereby certify that I attended the deceased from June 1952, to July 22, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred 4:30 P.M., from the causes and on the date stated above.

| | | | | | |
|---|--|-----------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>W. Koppertink, M.D.</u> | | 23b. ADDRESS <u>Highville Mo.</u> | | 23c. DATE SIGNED <u>July 12, 52</u> | |
|---|--|-----------------------------------|--|-------------------------------------|--|

| | | | | | | | |
|---|--|--------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 24, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u> | |
|---|--|--------------------------------|--|---|--|--|--|

| | | | | | |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>8-30-52</u> | | REGISTRAR'S SIGNATURE <u>M. E. ...</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>...</u> | |
|---|--|--|--|--|--|

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 _____

Licensed Embalmer No. _____

P. O. Address _____

2983

Helington, Virginia

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.