

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31209

State File No.

BIRTH NO. <u>59353</u>		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Malden</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>10351</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bailey Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED a. (First) <u>Susan</u> b. (Middle) <u>Dale</u> c. (Last) <u>Bowman</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15-1952</u>			
5. SEX <u>1</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Sept 15-1952</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Bowman</u>				13b. MOTHER'S MAIDEN NAME <u>Neva Gene Wood</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Bowman</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prolapse of Cord</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Stenosis</u> 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 <u>at birth</u> <u>at birth</u>				19. DATE OF OPERATION			
19a. MAJOR FINDINGS OF OPERATION				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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>15 Sept 1952</u> , to <u>15 Sept 1952</u> , that I last saw the deceased alive on <u>15 Sept 1952</u> , and that death occurred at <u>7:30 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles L. Williams M.D.</u>				23b. ADDRESS <u>Malden, Mo.</u>		23c. DATE SIGNED <u>16 Sept 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>North of Malden Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/24/52</u>		REGISTRAR'S SIGNATURE <u>J. Dr. Schorran</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Knight</u>			
				ADDRESS <u>Malden Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-24-52

COUNTY FILE NUMBER 952-263

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 Not

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas C. Wright

Licensed Embalmer No. 2189

P. O. Address Malden Mass.

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.