

FILED NOV 28 1952

STANDARD CERTIFICATE OF DEATH

State File No. 38425

BIRTH NO. _____ REG. DIST. NO. 124 PRIMARY REG. DIST. NO. 5492 Registrar's No. 18

410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Calofax</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Calofax</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi N.E. Plyttdale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 4 mi N.E. Plyttdale</u>			

3. NAME OF DECEASED (Type or Print), a. (First) <u>EVA</u> b. (Middle) <u>(None)</u> c. (Last) <u>Bowles</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Tom J. Carson</u>	13b. MOTHER'S MAIDEN NAME <u>Eudora Booth</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Bowles</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Bowles, Plyttdale, Mo.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>		<u>UNKNOWN</u>
	DUE TO (c) <u>CARDIO-VASCULAR RENAL DISEASE</u>		<u>UNKNOWN</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>A. Intertracheostomy fracture Right Femur - 6-18-52</u> <u>B. Intertracheostomy Fracture Left Femur 6-18-52</u> <u>C. DIABETES - MELLITUS - UNKNOWN</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>/</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>442X F</u>
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22. I hereby certify that I attended the deceased from Nov. 19, 1952, to Nov. 4, 1952, that I last saw the deceased alive on October 9, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Merri Cartney</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Bothany, Missouri - 11-6-52</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Plyttdale Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 9-1952</u>	REGISTRAR'S SIGNATURE <u>S. O. Shaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold W. Boggs</u>	ADDRESS <u>Aglenille Mo</u>
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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 Gerald W. Buggan

Licensed Embalmer No. 4762

P. O. Address Eagleville, 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.