

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42105

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 623

0420

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

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Windsor</u> |  | c. LENGTH OF STAY (in this place)<br><u>3 weeks</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Windsor</u> <u>0420</u>  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>608 E. Florence</u>                      |  |   | d. STREET ADDRESS (If rural, give location)<br><u>711 S. Lebo</u>   |  |  |

|   |             |           |  |  |  |
|---|-------------|-----------|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>ESSIE MAE HAMPTON BOWEN</u> |             |           | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Dec. 20, 1952</u> |  |  |
| a. (First)  | b. (Middle) | c. (Last) |  |  |  |

|  |                                  |  |  |   |                                |  |
|--|----------------------------------|--|--|---|--------------------------------|--|
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>Apr. 22, 1926</u> | 9. AGE (in years last birthday)<br><u>26</u>                        | IF UNDER 1 YEAR<br>Months Days | IF UNDER 4 HRS.<br>Hours Min.              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Waitress</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Ionia, Missouri</u> |                                | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><u>Fred Hampton</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Odes Ransdell</u> | 14. NAME OF HUSBAND OR WIFE<br><u>William G. Bowen</u> |
|---|---|--|

|   |   |   |  |                                     |
|---|---|---|--|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>496 24 7109</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Wm G. Bowen</u> |  | ADDRESS<br><u>Windsor, Missouri</u> |
|---|---|---|--|-------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Sub-acute Bacterial Endocarditis</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 mos</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Acute Rheumatic Fever</u> <u>1 year</u> |  |  |
|   | DUE TO (c)   |  |  |
| II. OTHER SIGNIFICANT-CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>4011</u> | 20. AUTOPSY?<br>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) | 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 Nov 1, 1952 to Dec 20, 1952, that I last saw the deceased alive on Dec 20, 1952 and that death occurred at 7:05 a.m., from the causes and on the date stated above.

|                                       |                                |                                     |                                     |
|---------------------------------------|--------------------------------|-------------------------------------|-------------------------------------|
| 23a. SIGNATURE<br><u>Ray B Jordan</u> | (Degree or title)<br><u>MD</u> | 23b. ADDRESS<br><u>Windsor, Mo.</u> | 23c. DATE SIGNED<br><u>12-22-52</u> |
|---------------------------------------|--------------------------------|-------------------------------------|-------------------------------------|

|  |                              |   |   |
|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>12-22-52</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Laurel Oak</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Windsor, Missouri</u> |
|--|------------------------------|---|---|

|  |  |     |  |                                |
|--|--|-----|--|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>Dec-22-52</u> | REGISTRAR'S SIGNATURE<br><u>Florence Adair</u> | 428 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Huston Turner</u> | ADDRESS<br><u>Windsor, Mo.</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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.