

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2294**

FILED JAN 12 1953

BIRTH NO.		REG. DIST. NO. <b>236</b>		PRIMARY REG. DIST. NO. <b>5818</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH <sup>a</sup>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Morgan</b>				a. STATE <b>Missouri</b>		b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Moreau Township</b>		c. LENGTH OF STAY (in this place) <b>Lifetime</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Moreau Township</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 Mi. E. Versailles</b>				d. STREET ADDRESS (If rural, give location) <b>4 miles East of Versailles</b>			
3. NAME OF DECEASED			c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Allen</b>			b. (Middle) <b>L.</b>		c. (Last) <b>Bowlen</b>		
(Type or Print)					4. DATE OF DEATH <b>Jan. 3, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Mar 1-1866</b>	
9. AGE (In years last birthday) <b>86</b>		10. MONTHS <b>10</b>		11. DAYS <b>2</b>		12. HOURS <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Morgan County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Berry Bowlen</b>			13b. MOTHER'S MAIDEN NAME <b>Harriett Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Martha E. Surpin</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thornton Price</b> ADDRESS <b>Versailles, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				<b>4 weeks</b>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>Arteriosclerosis</b>				<b>years</b>	
		DUE TO (c) <b>Hypertension</b>				<b>years</b>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>					
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) (Minute)		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 <b>Jan. 1951</b> , to <b>Jan 3, 1953</b> , that I last saw the deceased alive on <b>Jan 3, 1953</b> , and that death occurred at <b>6:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ruth Kaufman, M.D.</b> (Degree or title)				23b. ADDRESS <b>Versailles, Mo.</b>		23c. DATE SIGNED <b>Jan 5, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-5-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Versailles City</b>		24d. LOCATION (City, town, or county) (State) <b>Versailles, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Jan 8-1953</b>		REGISTRAR'S SIGNATURE <b>L. L. Washburn, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. F. Tidwell</b>		ADDRESS <b>Versailles, Mo.</b>	
Per <b>J. O. Kidwell, Secretary</b> (Signed Registrar's Statement on Reverse Side)							

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

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JAN 29 1953

MAR 6 1953

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 Gene N. Dartman

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.