

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5308

State File No. ....

FEB 16 1953

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3018 Registrar's No. 12

0331

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

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. CITY OR TOWN Salem	
c. LENGTH OF STAY (In this place) 3 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		e. STREET ADDRESS (If rural, give location) Osage Typ east of Salem	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Delphia c. (Last) Bowers		4. DATE OF DEATH (Month) (Day) (Year) February 2/53	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 5 1900
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign-Country) Dent Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY X	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Marian Beasley		13b. MOTHER'S MAIDEN NAME Mary Ross	14. NAME OF HUSBAND OR WIFE Esco Bowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esco Bowers Halem Mo
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) 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"/>		4201	
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 Apr 12, 1951, to Feb 4, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 1:20 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) L. H. Hunt M.D.		23b. ADDRESS Salem, Mo. 2/3/53	
23c. DATE SIGNED		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/4/53	
24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		24d. LOCATION (City, town, or county) Salem Mo	
DATE REC'D BY LOCAL REG. 2-13-53		REGISTRAR'S SIGNATURE M. M. Hartman	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensee Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2374

P. O. Address Salem

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.