

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18648

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5689 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) AVALON <i>Sarven township</i>		c. CITY (If outside corporate limits, write RURAL and give township) Avalon	
c. LENGTH OF STAY (In this place) 30 years		d. STREET ADDRESS (If rural, give location) East part of town	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Frankie Bowlware			
3. NAME OF DECEASED (Type or Print) LOTTIE		4. DATE OF DEATH (Month) (Day) (Year) June 11 1953	
a. (First)		b. (Middle) ALICE	
c. (Last) BOWLWARE			
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 22, 1879
9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 0 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY same	
11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John R. Kast,		13b. MOTHER'S MAIDEN NAME Elizabeth Dailey	
14. NAME OF HUSBAND OR WIFE John Walker Bowlware,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Frankie Bowlware, Avalon, Mo.		ADDRESS	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		18 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Edema DUE TO (c) Essential Hypertension		3 wks. 10 yrs.
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 331 x		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) (Min.)	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 Oct 12, 1943 to June 11, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 6:30 PM from the causes and on the date stated above.

23a. SIGNATURE R. W. Matheny (Degree or title) MD	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 6/12/53
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24a. BURIAL, CREMATION REMOVAL (Specify) Buried	24b. DATE 6/14/1953	24c. NAME OF CEMETERY OR CREMATORY Avalon cemetery	24d. LOCATION (City, town, or county) (State) Avalon, Missouri
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DATE REC'D BY LOCAL REG 6-12-53	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin, Tina, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

590
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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.

Clifford W. Austin

Signed _____

Clifford W. Austin 3233,
Licensed Embalmer No. _____

Student
Student Embalmer

P. O. Address Tina, Missouri

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.