

FILED JUN 8 1953

STANDARD CERTIFICATE OF DEATH

Merrill H. Bower
State File No. 20445

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4495 Registrar's No. 56

1. PLACE OF DEATH

a. COUNTY

Shelby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Shelby

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Bethel, Mo.

c. LENGTH OF STAY (in this place) OR TOWN

67 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Bethel, Mo. 1020

d. FULL NAME OF HOSPITAL OR INSTITUTION

d. STREET ADDRESS (If rural, give location)

0

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

(Type or Print)

Marvin David Bower

4. DATE OF DEATH

(Month)

(Day)

(Year)

May 31 1953

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug 31 1885

9. AGE (In years last birthday)

67

IF UNDER 1 YEAR

Months

IF UNDER 1 HR.

Hours Min.

7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mail carrier

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (State or foreign country)

Bethel, Mo.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

David Bower

13b. MOTHER'S MAIDEN NAME

Matilda Bair

14. NAME OF HUSBAND OR WIFE

Hattie Bower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Merrill Bower Bethel, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Cerebral Hemorrhage

Inquest denied
Unnecessary.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

331X

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE

O. W. Musgrove, Coronel

23b. ADDRESS

Bethel, Mo.

23c. DATE SIGNED

5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 2-1953

24c. NAME OF CEMETERY OR CREMATORY

Bethel Zion

24d. LOCATION (City, town, or county) (State)

1 mi West of Bethel Mo.

DATE REC'D BY LOCAL REG.

June 3-53

REGISTRAR'S SIGNATURE

Ada Garrison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

O. W. Musgrove Bethel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1953

FUL 1 1953

JUN 1 6 1953

JUN 2 8 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.....

Self

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *C. W. Musgrave*

Licensed Embalmer No. *2719*

P. O. Address *Bechtel Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.