FILED AUG 21 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29327

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5766 Registrar's No. 298

640

3

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

1. PLACE OF DEATH

a. COUNTY: MARION

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): [redacted] Miller

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R#2

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

a. STATE: MO b. COUNTY: MARION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL 0640

d. STREET ADDRESS (If rural, give location): R#2 0

3. NAME OF DECEASED (Type or Print) a. (First): WILLIAM b. (Middle): HENRY c. (Last): BOWEN

4. DATE OF DEATH (Month) (Day) (Year): 8-16-1953

5. SEX: MALE

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: NOV. 7-1882

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and State or Foreign Country): MARION COUNTY, MO 0

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WM. N. BOWEN

13b. MOTHER'S MAIDEN NAME: JULIA MOODIE

14. NAME ~~OF HUSBAND OR~~ WIFE: ANNA E. BOWEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Anna Bowen - Hannibal 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): Generalized trauma — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

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

DUE TO (b): with ~~[illegible]~~ Cerebral and

DUE TO (c): internal injuries

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Patient was D.O.A.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: E9281 3

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE HOMICIDE~~ (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP): Hannibal (COUNTY) Marion 064 (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-16-53 12:45 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Killed by bull on his farm

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* 12:45 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Cane Ma M.D.

23b. ADDRESS: 707 Bolivar

23c. DATE SIGNED: 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 8-18-53

24c. NAME OF CEMETERY OR ~~CREMATORY~~: GREENWOOD Cem

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

DATE REC'D BY LOCAL REG.: 8/17/53

REGISTRAR'S SIGNATURE: N E M Lucke 189

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Ralph Clark - Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 20 1953
MARION CO. HEALTH DEPT.
DATE FILED AUG 20 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 Ralph Clar...

Licensed Embalmer No. 4217

P. O. Address Hannibal, M...

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

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