

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32623**

FILED SEP 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4428</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PULASKI</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richland</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Richland</u>			
c. LENGTH OF STAY (in this place) _____				d. STREET ADDRESS (If rural, give location) <u>City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City</u>				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>William</u>		c. (Last) <u>Bowling</u>	
4. DATE OF DEATH		(Month) <u>SEPT.</u>		(Day) <u>13</u>		(Year) <u>1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>7</u>	11. DAYS <u>12</u>	12. IF BORN IN H.S. Hours <u>12</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri, Pulaski County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ed Bowling</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Hensley</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH Bowling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Bowling</u> ADDRESS <u>Richland</u>			
18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES <u>Clot</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4201</u>		YES <input type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Sept 13</u> , 19 <u>53</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Lewis L. Myers</u>		23b. ADDRESS <u>P.O. 2 Richland Mo</u>		23c. DATE SIGNED <u>Sept 15-53</u>			
24a. DATE <u>9/10/53</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24c. LOCATION (City, town or county) (State) <u>Richland Mo</u>		24d. DATE SIGNED _____	
24e. DATE REC'D BY LOCAL REG. <u>9-16-53</u>		24f. REGISTRAR'S SIGNATURE <u>Gula Mae Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conell C. Bowling</u>		ADDRESS <u>Richland</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-16-53
Pulaski County Health Officer
File Number 9-19-53
Date Filed

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

Emuel C. Craig

Licensed Embalmer No.

4760

P. O. Address

Richland

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.