

FILED NOV 2-1953

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston, R-3.</u>	c. LENGTH OF STAY (in this place) <u>16 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> <u>0670</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>R-3.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Plesant</u> b. (Middle) <u>Carroll</u> c. (Last) <u>Bowles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 20, 1881</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>P. C. Bowles</u>	13b. MOTHER'S MAIDEN NAME <u>Adilaide Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>None.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Almarine Hamilton.</u> ADDRESS _____
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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) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>6 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial degeneration</u>		
	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"/>
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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) <u>4201</u> (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 1, 1953 to Sept 24, 1953, that I last saw the deceased alive on Sept 24, 1953 and that death occurred at P. 30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Fenton D.O.</u> (Degree or title) _____	23b. ADDRESS <u>Wyatt, Mo.</u>	23c. DATE SIGNED <u>9/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Ballard</u>	24d. LOCATION (City, town, or county) (State) <u>Wickliffe, R-1, Ky.</u>
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DATE REC'D BY LOCAL REG. <u>10-29-53</u>	REGISTRAR'S SIGNATURE <u>Jean Hearnes</u>	480-	FUNERAL DIRECTOR'S SIGNATURE <u>Ray M. Lowe</u> ADDRESS <u>Lowe, Ky.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

OCT 3 1964

RECEIVED

Miss. Co. Health

County File No.

Date Filed OCT 3 0 1

ROY M. LOWE
FUNERAL HOME
LOWES, KY.

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, only

~~working under my personal supervision.~~

~~Student Embalmer No.~~

~~Student~~
Student Embalmer

Signed

Roy M. Lowe

Licensed Embalmer No. 1692

P. O. Address Lowes Ky

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.

[Handwritten signature]