

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4168**

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **67**

1. PLACE OF DEATH
 a. COUNTY **Calloway**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fulton, Mo.**
 c. LENGTH OF STAY (In this place) **17 1/2 hr.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **State Hospital, Fulton, Mo.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri**
 b. COUNTY **Barry**
 c. CITY OR TOWN **Purdy, Mo.**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **Box 1**

3. NAME OF DECEASED
 a. (First) **Clarence**
 b. (Middle) **Bowen**
 c. (Last) **Bowen**
4. DATE OF DEATH (Month) (Day) (Year) **Mar 2 1954**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **never married** **8. DATE OF BIRTH** **May 4 1882** **9. AGE** (In years last birthday) **71** **10. USUAL OCCUPATION** **Farming** **11. BIRTHPLACE** **D.K.** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming** **10b. KIND OF BUSINESS OR INDUSTRY** **none** **11. BIRTHPLACE** (City and State or Foreign Country) **D.K.** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **D.K.** **13b. MOTHER'S MAIDEN NAME** **D.K.** **14. NAME OF HUSBAND OR WIFE** **none**

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.** **none** **17. INFORMANT'S SIGNATURE OR NAME** **Records of State Hospital, Fulton, Mo.** **ADDRESS** **Fulton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonia**
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. **Mental Deficient**

19a. DATE OF OPERATION **none** **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **493X**

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 **Sept 17, 1953**, to **March 2, 1954**, that I last saw the deceased alive on **Mar 2, 1954**, and that death occurred at **9:25 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank J. Nichols M.D.** **23b. ADDRESS** **State Hospital, Fulton, Mo.** **23c. DATE SIGNED** **Mar. 2, 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **3-8-54** **24c. NAME OF CEMETERY OR CREMATORY** **anatomical board** **24d. LOCATION** (City, town, or county) (State) **Columbia Mo**

DATE REC'D BY LOCAL REG. **Mar 8-1954** **REGISTRAR'S SIGNATURE** **Martha Lawrence** **426-** **25. FUNERAL DIRECTOR'S SIGNATURE** **J. O. Roberto** **ADDRESS** **Columbia Mo**

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

143
2

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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