

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5738**

FILLED MAR 10 1954 BIRTH NO. **290** REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5984** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Waynesville, Mo R.		c. CITY (If outside corporate limits, write RURAL and give township) Waynesville, Mo Rural Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Etta	
c. (Last) Bowling		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 14, 1890
9. AGE (In years last birthday) 73		10. MONTH (Day) (Year) 6 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Laquey, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Deam		13b. MOTHER'S MAIDEN NAME Unknown TAYLOR	
14. NAME OF HUSBAND OR WIFE John William Bowling		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 489-16-3316		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby York Waynesville, Mo R.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis 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"/>		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) 332 X	
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 Feb 4 , 19 54 , to Feb 28 , 19 54 , that I last saw the deceased alive on Feb 28 , 19 54 and that death occurred at 4:10 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) R.D. Newitt 280		23b. ADDRESS Waynesville, Missouri	
23c. DATE SIGNED 3-1-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE March 2, 1954		24c. NAME OF CEMETERY OR CREMATORY Idumea Cemetery	
24d. LOCATION (City, town, or county) (State) Waynesville, Mo Rural		25. FUNERAL DIRECTOR'S SIGNATURE B. Hedger Richmond Mo	
DATE REC'D BY LOCAL REG. 3-2-54		REGISTRAR'S SIGNATURE Paula B. ...	
(Licensed Embalmer's Statement on Reverse Side)			

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

Date Filed 3-6-54
File Number
Public Health Officer

RECEIVED 3-2-54

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

Clarence Thomas

Licensed Embalmer No. 4886

P. O. Address Waynesville, N.C.

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.