

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9732**

State File No. ....

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 30

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Ray</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Ray</u>
c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY OR TOWN <u>Richmond</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 North Institute St.</u>		e. STREET ADDRESS (If rural, give location) <u>301 North Institute</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>VELVIE</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>BOWMAN</u>	(Month) <u>March</u>	(Day) <u>17</u>	(Year) <u>1954</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 24, 1897</u>		<b>9. AGE</b> (In years last birthday) <u>56</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ray County, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Cary Franklin Still</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Dena Maud Dentz</u>	<b>14. NAME OF HUSBAND OR WIFE</b> -----
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, pp. or unknown) <u>NO</u>	<b>16. SOCIAL SECURITY</b> (If yes, give war or dates of service) <u>497-28-0289</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Marvin Clark</u>	<b>ADDRESS</b> <u>Richmond, Missouri</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 mo.</u>  <u>6 yrs.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized Carcinomatosis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Carcinoma of cervix</u>  DUE TO (c) -----		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> -----	<b>19b. MAJOR FINDINGS OF OPERATION</b> -----	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify) -----	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> -----
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. -----	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> -----

**22. I hereby certify that I attended the deceased from** Sept 24, 1953, to March 17, 1954, that I last saw the deceased alive on March 16, 1954, and that death occurred at 5:10 A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Name and title) <u>W. Johnson M.D.</u>	<b>23b. ADDRESS</b> <u>Richmond, Mo.</u>	<b>23c. DATE SIGNED</b> <u>3/18/54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>3-19-1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Wakenda Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ray Co Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>March 23, 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mabel Jackson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Thomas J. Carter</u>	<b>ADDRESS</b> <u>Richmond, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

890

0895

E-16

**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... *Thomas J. Carter* .....

Licensed Embalmer No.... *44* .....

P. O. Address... *Richmond* .....

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.